Organization ID # 05 State of origin KY	(Commonwe		-	0551538.09	Dcornish NPRF	
Alison Lundergan G	Grimes		rgan Grimes, Secretary of S		Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/2/2017 12:04 PM Fee Receipt: \$130.00		
P. O. Box 718 Frankfort, KY 40602 (502) 564-349 http://www.sos.ky	Reinstatement Annual Report For the years 2016 through 2017			K a	51		
Exact organization name and principal office address NATURAL BRIDGE CABIN COUNTRY LOT OWNERS ASSO. INC. 12067 CAMPTON RD SLADE KY 40376				name/office ad form. When rei addresses until reinstatement is filed online at <u>a</u>	The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.		
Registered Agent and R DARRELL FRAL 3435 NATURAL SLADE, KY 403 If the above company is incl	EY BRIDGE RD 76 luded in a parent		return as a disregarde	FEIN (Opti	ional)	nt	
company's information here FEIN: Na Principal Officers - List	me:		All organizations must list	at least one (1) officer ev	ven in the case of a sole officer	r. If not	
specified, officer addresses defau	It to the principal offic	e address. Corporations are re	equired to list a Secretary of	or other officer serving as	records custodian		
President	PORTER BANKS						
Secretary Treasure		KS + Secreita	<u>my</u>		· · · · · · · · · · · · · · · · · · ·	······································	
Vice President	CATHY CAR						
<u>Essecurer</u>	<u>J1a.</u>	Jerry Nel	man			<u> </u>	
Directors - Non-profit corpor office address.	rations must have at l	least three (3) directors. All dire	ectors of the non-profit mu	st be listed. If not specifie	d, director addresses default to	o the principal	
PORTER BANKS							
CATHY CART							
JUDY SHAW Jerr	1 Neima	<u>א</u>	· · · · · · · · · · · · · · · · · · ·		······································		
	i -, v <u>2</u> 2, .,				· · · · · · · · · · · · · · · · · · ·		

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 273.3181. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to NATURAL BRIDGE CABIN COUNTRY LOT OWNERS ASSO. INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

President Title (Required) 7-31-17 Date (Required) Signature of officer of chairman of the board (Required)



DANIEL P. BORK Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

August 2, 2017

NATURAL BRIDGE CABIN COUNTRY LOT OWNERS ASSO. INC. 3425 TWO MILE RD WINCHESTER KY 40391

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **NATURAL BRIDGE CABIN COUNTRY LOT OWNERS ASSO. INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-2169 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0551538

