

Organization ID # 0318939

State of origin KY

Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

# Commonwealth of Kentucky

0318939.09

mstratton  
NPRF

Alison Lundergan Grimes  
Kentucky Secretary of State

Received and Filed:  
10/16/2014 12:46 PM  
Fee Receipt: \$115.00

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

## Reinstatement Application and Reinstatement Annual Report For the year 2014

RST

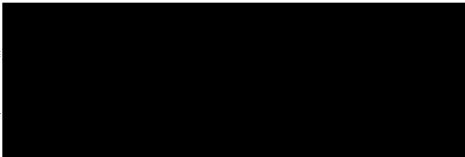
### Exact organization name and principal office address

POWELL COUNTY TOURISM COMMISSION, INCORPORATED  
P.O. BOX 1028  
478 WASHINGTON ST  
STANTON KY 40380

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 [app.sos.ky.gov/ftsearch](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

### Registered Agent and Registered Office Address

SERENA BOWEN  
P.O. BOX 1028  
316 MAPLE ST  
STANTON, KY 40380



**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	CHAD ABNER, <i>Chairman</i>	87 E. College Ave, Stanton, Ky 40380
Secretary	SERENA BOWEN, <i>Sec. Dir.</i>	316 Maple St, Stanton, Ky 40380
Treasurer	DEBBIE TIPTON, <i>Secretary</i>	610 Oakwood Dr. Clay City, Ky 40312

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

TONY MORTON	_____	_____
DARLENE DRAKE	_____	_____
OVIE HOLLON	_____	_____
_____	_____	_____
_____	_____	_____

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 \$115.00, 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 POWELL COUNTY TOURISM COMMISSION, INCORPORATED 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.

X <i>Serena Bowen</i>	<i>Executive Director</i>	10-14-2014
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)



**THOMAS B. MILLER**  
Commissioner

**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT OF REVENUE  
OFFICE OF INCOME TAXATION**

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

October 16, 2014

**POWELL COUNTY TOURISM COMMISSION, INCORPORATED  
P.O. BOX 1028  
478 Washington St  
STANTON KY 40380**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **POWELL COUNTY TOURISM COMMISSION, INCORPORATED** 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,

Theresa REV0868, Taxpayer Services Specialist II  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
502-564-7288  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0318939