

Organization ID # 0325739
State of origin KY
Filing fee \$505.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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NPRF
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
3/10/2021 12:39 PM
Fee Receipt: \$505.00

Michael G. Adams
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 years 1995 through 2021

RST

Exact organization name and principal office address

FOREST SPRINGS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.
170 HUNTERS LANE
BARDSTOWN KY 40004

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/itsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

MICHAEL GREENWELL
170 HUNTERS LANE
BARDSTOWN, KY 40004

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):
FEIN: _____ Name: _____

FEIN (Optional)

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	PATRICK KRISH	117 FOUR SEASONS DR COXS CREEK KY 40013
Vice-President	DAPHNIA JOHNSON	108 FOUR SEASONS DR " " " "
Secretary	JULIA THOMAS	110 FOUR SEASONS DR " " " "
Treasurer	ETTA CHEATHAM	103 FOUR SEASONS DR " " " "

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.

DANNY CHEATHAM	103 FOUR SEASONS DR COXS CREEK KY 40013
CHAD WELCH	104 FOUR SEASONS DR " " " "
JOSEPH DOWNARD	100 FOREST SPRINGS DR " " " "

The above entity was administratively dissolved on November 1, 1995 because the entity did not file its annual report for the year 1995. 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 \$505.00, 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 FOREST SPRINGS SUBDIVISION HOMEOWNERS ASSOCIATION, 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.

X Patrick Krish
Signature of officer Or chairman of the board (Required)

President
Title (Required)

3-3-2021
Date (Required)



KENTUCKY DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
501 HIGH STREET, STATION 52
FRANKFORT, KENTUCKY 40601-2103

Website: www.revenue.ky.gov
Phone: 502-564-8139
Fax: 502-564-0058

**FOREST SPRINGS SUBDIVISION HOMEOWNERS
ASSOCIATION, INC.**
117 FOUR SEASONS DR
COX CREEK, KY 40013

Notice Date: March 10, 2021
KY SoS Org. ID: 0325739

RE: *Letter of Good Standing Request - Approved*

SUMMARY You requested a letter of good standing, and your entity is in **good standing** with the Department of Revenue.

OUR DETERMINATION We verified the following information.

1. You are registered with the Department of Revenue.
2. An authorized person requested this letter.
3. You filed income and LLE tax returns as required, or you are exempt from filing.
4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

WHAT YOU NEED TO DO

1. **If you are attempting to reinstate your entity**, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.
2. **If you are a for-profit corporation**, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.
3. **If you are a non-profit entity**, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: <http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx>.

CONTACT INFORMATION If you have any questions regarding this notice, please contact me. Thank you.

Agent: Tonja REV3883, Taxpayer Services Specialist II
Email: Tonja.Lilly@ky.gov
Direct: 502-564-7289
