## Organization ID # 0230240 State of origin KΥ **Commonwealth of Kentucky** 0230240 Filing fee \$190 Michael G. Adams Michael G. Adams, Secretary of St **KY Secretary of State** Received and Filed 12/8/2022 3:09:19 PM Michael G. Adams Fee receipt: \$190.00 **Reinstatement Application** and Secretary of State RST P. O. Box 718 **Reinstatement Annual Report** Frankfort, KY 40602-0718 For the years 2017 through 2022 (502) 564-3490 http://www.sos.ky.gov Exact organization name and principal office address The principal office address and registered

CENTER FOR FAMILY AND COMMUNITY SERVICES, INC. 102 TWELFTH STREET LEXINGTON KY 40505 The principal office address and registered agent name/office address cannot be chang on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change will be filed.

Registered Agent and Registered Office Address

REGINA BERRY 300 PAYNES DEPOT ROAD LEXINGTON, KY 40511

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 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

Sole Officer	<b>REGINA M BERRY</b>

102 12TH STREET LEXINGTON, KY 40505

**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 the principal office address.

682 BISHOP DRIVE. LEXINGTON KY 40505	
ST THIRD ST., LEXINGTON, KY 40508	
ST THIRD STREET, LEXINGTON, KY 40508	

The above entity was administratively dissolved on 10/9/2017 because the entity did not file its annual report for the year 2017. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to CENTER FOR FAMILY AND COMMUNITY SERVICES, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Regina M Berry Title: Officer 12/8/2022



CENTER FOR FAM SERVICES, INC. 300 PAYNES DEPOT LEXINGTON KY, 40		Notice Date: KY SoS Org. ID:	December 8, 2022 0230240	
RE:	etter of Good Standing Request - Approved			
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.			
OUR DETERMINATION	We verified the following information.			
	<ol> <li>You are registered with the Departme</li> <li>An authorized person requested this</li> <li>You filed income and LLE tax returns filing.</li> <li>You have no outstanding tax assess Collections or have a valid pay agree</li> </ol>	letter. s as required, or you ments with the Divis ment in place.	sion of	
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinstate of this letter to the Kentucky Secreta notice date above.</li> <li>If you are a for-profit corporation, Secretary of State a letter of good st Unemployment Insurance. Their telep</li> <li>If you are a non-profit entity, pleas tax returns with the Kentucky Attornor requirements website is: http://ag.ky charity/Pages/registration.aspx.</li> </ol>	you will also need anding from the Divi bhone number is 50 se remember to file ey General. The cha	0 days of the to provide the sion of 2-564-6835. a copy of your arity filing	
CONTACT INFORMATION	If you have any questions regarding this you.	notice, please cont	act me. Thank	
	Agent: Dottye REV3769, Taxpayer Specialist I Email: Dottye.Roberts@ky.gov Direct: 502-564-0102			