tate of origin KY Commonwealth of Kentucky iling fee \$175.00 Alison Lundergan Grimes, Secretary of St			Received and Filed:	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applicati Reinstatement Annual For the years 2015 through	Report		
Exact organization name and principal office address WILSON FAMILY AND COMMUNITY CEMETERY PERPETUAL FUND, INC. 12444 N. HWY 421 MANCHESTER KY 40962		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.		
company's information here (optiona FEIN: Name:	62 a parent company's Kentucky tax return as a disregarded	st one (1) officer, even i		
specified, officer addresses default to the prin	ncipal office address. Corporations are required to list a Secretary or othe WILSON	er officer serving as reco	ords custodian	
	/ WILSON			
Directors - Non-profit corporations mus	st have at least three (3) directors. All directors of the non-profit must be t	isted. if Not specified, d	lirector addresses default to the principal	
CHARLIE MCWHORTER				
JIM WILSON				
WILLARD HALE, JR.				

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The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 \$175.00, 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 WILSON FAMILY AND COMMUNITY CEMETERY PERPETUAL FUND, 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.

WN Unsman Х W Signature of officer Or chairman of the board (Required) Title (Required)

0263840.09

amcray

Date (Required)



WILSON FAMILY PERPETUAL FUNI 645 CHANDLER RI AMVILLE KY 4040	Notice Date: KY SoS Org. ID:	July 19, 2019 0263840			
RE:	Letter 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 Depart</li> <li>An authorized person requested th</li> <li>You filed income and LLE tax ret from filing.</li> </ol>	nis letter.	r you are exempt		

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	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	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.
2	2	If you are a non-profit entity please remember to file a copy of

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: Brad REVX069, Revenue Section Supervisor Email: BradleyL.Butcher@ky.gov Direct: 502-564-2055