Organization ID # 0422840 State of origin KY	Commonwealth of Ker	· .	0422640.09 NI	niller PRF
Michael G. Adams Secretary of State	chael G. Adams, Secretary of State Reinstatement Application and Reinstatement Annual Report For the year 2021		Kentucky Secretary of State Received and Filed: 12/17/2021 2:06 PM Fee Receipt: \$115.00	
P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov			RSI	
Exact organization name and principal office address NEW LIFE COMMUNITY DEVELOPMENT, INC. 3529 DUMESNIL STREET LOUISVILLE KY 40211		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>https:</u> <u>\web.sos, ky.gov\ftsearch</u> or can be downloaded from our website		
company's information here (optional)	SEY T parent company's Kentucky tax return as a disregard	ed entity or a subsidial	ry, please provide the parent	
	address and title of all current officers. All organizations m o the principal office address. Corporations are required to lis			
President STEVE	EN M KELSEY			
	L FERRELL			
Vice President DIANE	KELSEY			<b>—</b> ,
Directors - Non-profit corporations must the principal office address.	st have at least three (3) directors. All directors of the non-pro	ofit must be listed. If Not	specified, director addresses default to	_
DIANE KELSEY				
CAROL FARRELL				
ANGELA HATCHETT				_
		······································		_

The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. 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 NEW LIFE COMMUNITY DEVELOPMENT, 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 Signature of officer Or chairman of the board (Required)



## NEW LIFE COMMUNITY DEVELOPMENT, INC. 3529 DUMESNIL STREET LOUISVILLE KY 40211

Notice Date:December 17, 2021KY SoS Org. ID:0422840

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 Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>	
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Megan REVY099, Taxpayer Services Specialist I Email: MeganD.Roberts@ky.gov Direct: 502-564-7310	