Organization ID # 0535941 State of origin Filing fee \$160.00

## Commonwealth of Kentucky Michael G. Adams, Secretary of State

The principal office address and registered

modify the addresses until the reinstatement is

on this form. When reinstating, you cannot

filed. Once the reinstatement is filed, the statement of change can be filed online at https: \web.sos.ky.gov\ftsearch or can be downloaded

agent name/office address cannot be changed

kdcoleman

Michael G. Adams

**Kentucky Secretary of State** Received and Filed: 8/10/2022 1:49 PM Fee Receipt: \$160.00

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 2019 through 2022

Exact organization name and principal office address THE SHELBYVILLE FOUNTAIN CORPORATION

Registered Agent and Registered Office Address

1185 WEST MAIN STREET **SHELBYVILLE KY 40065** 

| STEPHEN L.  | 2222110   |   | ···.            |                |  |   |  |
|---|---|---|-----------------|----------------|--|---|--|
| 1185 WEST N   |   |   |                 | •              |  |   |  |
| SHELBYMLLI  | E, KY 40065   |   |                 |                |  |   | J  |
| If the above company is in  | ncluded in a parent comp  | any's Kentucky                                | tax return      | as a disre     | gardea on,                               | or <del>a capolalary, picaco provi</del> a                                | o mo par <mark>ent</mark>                |
| company's information he  |   |   |                 |                |  |   | -  |
| FEIN: N   | ame:  |   | *               |                |  |   |  |
|   |   |   |                 |                | <del>-</del>                             |   |  |
| Principal Officers - If not specified, officer addre              | List the <b>name, address and</b><br>esses default to the principal | I title of all current<br>I office address. C | officers. Al    | l organization | ons must list at le<br>to list a Secreta | east one (1) officer, even in the c<br>ry or other officer serving as rec | ase of a sole officer.<br>ords custodian |
| President   | MARY H SMITH  |   |                 |                | **.                                      | :   |  |
| Secretary   | PATRICIA SKEL   | .TON  |                 | ·,             | •  |   |  |
| Treasurer   | BLYTHE COLLIN   | NGS   |                 |                |  | Region 1  |  |
|   |   |   |                 |                | ·, · · · · ·                             | * ***   |  |
|   | · · · · · · · · · · · · · · · · · · ·                               |   |                 | •              |  | , • .   |  |
| <b>Directors</b> - Non-profit co<br>the principal office address. | prporations must have at least                                      | st three (3) directo                          | rs. All directo | ors of the n   | on-profit must be                        | listed. If Not specified, director  | addresses default to                     |
| BOBBIE SMITH BRY  | ANT   |   |                 |                |  |   | ' '                                      |
| ROY COLLINGS  |   |   |                 |                |  | in the second   |  |
| EILEEN COLLINS  |   |   |                 |                |  | /   | ,  |
| STEPHEN L COLLIN  | S   |   |                 |                |  |   | . '3                                     |

The above entity was administratively dissolved on October 16, 2019 because the entity did not file its annual report for the year 2019. 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 \$160.00, 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 THE SHELBYMLLE FOUNTAIN CORPORATION 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.

| <u>X</u> | I Y W    | MAT       | aus Druth                          |  |
|----------|----------|-----------|------------------------------------|--|
| Sig      | nature o | fofficerO | r chairman of the board (Required) |  |

BRIAN MCMULLAN

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

August 10, 2022

0535941

## THE SHELBYVILLE FOUNTAIN CORPORATION 1185 WEST MAIN STREET

KY SoS Org. ID:

SHELBYVILLE KY 40065

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.

Notice Date:

**OUR DETERMINATION** 

We verified the following information.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- 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: Megan REVY099, Taxpayer Services Specialist II

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310