Organization ID # 0141343 State of origin KY		Commonwealth of Kentucky Lundergan Grimes, Secretary of S		0141343.09	stratton NPRF
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov		Reinstatement Application and		Kentucky Secretary of State Received and Filed: 1/15/2016 1:29 PM Fee Receipt: \$130.00	
		<b>Reinstatement Annual</b> For the years 2015 through	K ST		
Exact organization name and principal office address LAKEVIEW ESTATES, SECTION I, HOMEOWNERS' ASSOC INC. P O BOX 383 GOSHEN KY 40026			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/fisearch</u> or can be downloaded from our website.		
<u>Regis</u> i	tered Agent and Registern JEFFREY PLACKE 12101 MAPLEWOOD F GOSHEN, KY 40026				
Princi specified	pal Officers - List the name, a officer addresses default to the prim	ddress and title of all current officers. All organizations must list at le ipal office address. Corporations are required to list a Secretary or off	east one (1) officer, ev her officer serving as	ven in the case of a sole officer. If not records custodian	
Treasu	Irer LEAH	PLACKE			
President JEFFRE					
Secret					
office add		have at least three (3) directors. All directors of the non-profit must be	e listed. If not specifie	d, director addresses default to the pri	incipal

JEFFREY PLACKE	
LAURIE PORTAL	

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 \$130.00, 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 LAKEVIEW ESTATES, SECTION I, HOMEOWNERS' ASSOCIATION, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 2718:149220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

ite (Required) Required



DANIEL P. BORK Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

January 15, 2016

## LAKEVIEW ESTATES, SECTION I, HOMEOWNERS' ASSOCIATION, INC. P O BOX 383 GOSHEN KY 40026

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **LAKEVIEW ESTATES**, **SECTION I, HOMEOWNERS' ASSOCIATION, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Gary REV1282, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta.52 Frankfort, KY 40601 502-564-7281 FAX# 502-564-0058

Kentucky Secretary of State organization number 0141343

