Organization ID# 0565943 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

0565943.09

amcray

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/27/2017 1:24 PM

Fee Receipt: \$115.00

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 Reinstatement Annual Report For the year 2017

•		10

Exact organization name and principal office address
FRIENDS-4-CURES, INC.
401 SNELL ISLAND BLVD NE
ST PETERSBURG FL 33908

Registered Agent and Registered Office Address

HARRY MATHINSON 127 NI MAINI CT

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 anp.sos.kv.gov/ftsearch or can be downloaded from our website.

FEIN (Optional)

HENDERSON			
	n, NT 42420 included in a parent company's Kentu	cky tax return as a disregarded	
company's information h		uniy abi yota iii ab a albi ogaraba	
FEIN:	Name:		
		officers. All organizations must list at least one (1) officer, even ons are required to list a Secretary or other officer serving as re	
Secretary	LINDA RICHARDS		
Treasurer	BENSON W CAMPBELL III		
Vice President	BENSON W. CAMPBELL I	/	
President	SHANNON C MAHAFFEY		
Directors - Non-profit co office address.	rporations must have at least three (3) directo	rs. All directors of the non-profit must be listed. If not specified,	director addresses default to the principal
DANIELLE CAMPBE	LL		
STUART LACKEY			
CARRIE SIGHTS			
The undersigned state	s that the grounds for dissolution e	per 9, 2017 because the entity did not file its are either did not exist or have been eliminated, and ne amount of \$115.00, payable to Kentucky Sta	d the entity's name satisfies the
Under penalty of perjuinformation pertaining 271B.14-220.	ry, the below signed hereby author to FRIENDS-4-CURES, INC. to the	izes the Kentucky Department of Revenue to re e Secretary of State, as required for reinstatem	elease any applicable tax ent pursuant to KRS
If not an officer of said	entity, please provide a Declaration	on of Power of Attorney with the Reinstatement	Application.
X Bu	Explan	Tren	12/21/17
 Signature of officer or of 	hairman of the board (Required)	Title (Required)	Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

December 27, 2017

FRIENDS-4-CURES, INC. 401 SNELL ISLAND BLVD NE ST PETERSBURG FL 33908

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **FRIENDS-4-CURES**, **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,

John REV3858, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 Phone# (502) 564-2099 FAX# (502) 564-0058

Kentucky Secretary of State organization number 0565943

