Organization ID # 02 State of origin K Filing-fee-\$355:00-	Y. Michoo		h of Kentuck Secretary of	-	0295144. Michael G. Ada Kentucky Secre Received and F 9/16/2022 12:4	ums etary of State ⁻ iled:	illiams NPRF
P. O. Box 718 Frankfort, KY 40602-0718		Reinstatemei	instatement Application and instatement Annual Report For the years 2006 through 2022		Fee Receipt: \$355.00		
Exact organization nam LAKE-LAND AP PO BOX 902 1653 N 16TH E MURRAY KY 42	OSTOLIC CHURCH, I		agent name/of on this form. modify the add filed. Once the statement of cl		office address and registered fice address cannot be changed When reinstating, you cannot resses until the reinstatement is reinstatement is filed, the hange can be filed online at <u>https:</u> <u>oviftsearch</u> or can be downloaded		
Registered Agent and R KEITH R BATCH PO BOX 902 1653 N 16TH E MURRAY, KY 42 If the above company is inc company's information here FEIN: Nan Principal Officers - Lis	HELOR XTENSION 2071 luded in a parent compa e (optional): ne: t the name, address and	any's Kentucky tax return title of all current officers. Al	I organizations must list at lea	ast one (1) offi	cer, even in the case	of a sole officer	r.
If not specified, officer address President		ELOR (Deceased)	STEVE STEVENS		er serving as records	s custodian	_
Vice President	DAN:WALKER-		PATRICK BRENT	WILLIAN	15		
Directors - Non-profit corp the principal office address.	orations must have at leas	t three (3) directors. All directors	ors of the non-profit must be	listed. If Not s	pecified, director add	iresses default to	
	ceased)	STEVE STEVI	ENS				<u> </u>
KEITH-R-BATCHELOR (Deceased)		PATRICK BR					<u> </u>
PAULINE-ELKINS (Deceased)			RILEY RAMSEY				
The above entity was ad 2006. The undersigned satisfies the requiremer	states that the groun	ds for dissolution eithe Enclosed is a check ir	er did not exist or have b	oeen elimin	ated, and the en	ntity's name	_

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to LAKE-LAND APOSTOLIC CHURCH, 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.

Date (Required)

Signature of officer Or chairman of the board (Required)

Title (Required)

2022



HOPKINS LAW OFFICE

405 MAPLE ST

MURRAY KY 42071

SYE B

Notice Date:September 16, 2022KY SoS Org. ID:0295144

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.		
OUR DETERMINATION	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		
CONTACT INFORMATION	 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. 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		