| Organization ID # 0526745 State of origin KY Filing fee \$115.00 | ForiginKY ee \$115.00Michael G. Adams, Secretary of StateMichael G. Adams Secretary of State P. O. Box 718 kfort, KY 40602-0718 (502) 564-3490Reinstatement Application and Reinstatement Annual Report | | Kentucky Secretary of State Received and Filed: 1/12/2022 7:48 AM |
|--|---|--|---|
| Frankfort, KY 40602-0718 | | | |
| Exact organization name and THOMPSON-WOODLI 924 EAST LIBERTY ST LOUISVILLE KY 40204 | EF APARTMENTS, INC. REET | agent name/o on this form. modify the ado filed. Once the statement of c | office address and registered ffice address cannot be changed When reinstating, you cannot iresses until the reinstatement is reinstatement is filed, the hange can be filed online at <u>https:</u> <u>oviftsearch</u> or can be downloaded te. |
| company's information here (option | IREET 4 a parent company's Kentucky tax return as a disregarde | | ent |
| If not specified, officer addresses defai | ne, address and title of all current officers. All organizations mus all to the principal office address. Corporations are required to list | | |
| | INETH DOAN | <u> </u> | <u></u> |
| | must have at least three (3) directors. All directors of the non-prof | it must be listed. If No | t specified, director addresses default to |
| JERRY BODINE | | | |
| PENELOPE HUDSON SHERRY HIXENBAUGH | | | |
| | | | |
| The above entity was administ | ratively dissolved on October 18, 2021 because the | entity did not file i | ts 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 THOMPSON-WOODLIEF APARTMENTS, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220,

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

Signature of officer Or chairman of the board (Required)

Eye. -m) Title (Required)

12/09 Date (Regulired)



THOMPSON-WOODLIEF APARTMENTS, INC. 924 EAST LIBERTY STREET LOUISVILLE KY 40204

Notice Date:January 5, 2022KY SoS Org. ID:0526745

| 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 | We verified the following information. | |
| | You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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 | 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. 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. 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 I Email: MeganD.Roberts@ky.gov Direct: 502-564-7310 | |