Organization ID # 06588 State of origin KY Filing fee \$115.00	³⁵⁰ Commonw Michael G. Ada	ealth of Kentuc ms, Secretary o	of State M	658850.09 ichael G. Adams entucky Secretar	NPRF
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-07 (502) 564-3490 http://www.sos.ky.go	718 Reinstate	Received and Filed: 11/18/2022 8:16 AM Fee Receipt: \$115.00			N
		· · · · · ·	name/office addre form. When reinsta addresses until the reinstatement is file	e address and regist ss cannot be change ating, you cannot modi reinstatement is filed. id, the statement of ch :web.sos.ky.gov\ftse n our website.	rd on this fy the Once the ange can be
Registered Agent and Registered Agent and Registered Agent and Registered AURIST REG 1045 EUCLID AVE LOUISVILLE, KY 40 If the above company is include company's information here (op FEIN: Name:	INA JOHNSON 0208 d in a parent company's Kentucky ta vitional):	ax return as a disregarc	FEIN (Optior	nal)] rent
Principal Officers - List the	name, address and title of all current office the principal office address. Corporations are	ers. All organizations must list at least e required to list a Secretary or other	one (1) officer, even	in the case of a sole o	fficer. If not
	EACON LARRY D. COOKE S				40272
	EGINA C JOHNSON				0208
	ATRICIA GARNETT	3423 Bark	wood Rd	Louisnile	4 4021b
	ns must have at least three (3) directors. All	directors of the non-profit must be lis	ted. If Not specified,	director addresses def	ault to the principal
office address. DEACON LARRY D. COO	KE SR	· · · · · ·			
EVANGELIST REGINA C	· · · · · ·				
TREASURER PATRICIA	· · · ·				
	· · · · · · · · · · · · · · · · · · ·				
·		• • •			
The undersigned states that requirements of KRS 273.31 Under penalty of periury, the	stratively dissolved on October 4 the grounds for dissolution eithe 81. Enclosed is a check in the ar below signed hereby authorizes	r did not exist or have been nount of \$115.00, payable t the Kentucky Department o	eliminated, and o Kentucky Stat of Revenue to re	the entity's name e Treasurer. lease any applic	e satisfies the able tax
information pertaining to FAI pursuant to KRS 271B.14-22	TH, HOPE, & DELIVERANCE MI 20.	INISTRIES INC. to the Secr	etary of State, a	s required for rei	nstatement
If not an officer of said entity	, please provide a Declaration of	Power of Attorney with the	Reinstatement /	Application.	۱.
X Livemskillist #	Connectedinon)	Secretary		11/12	12022

Title (Required)

<u>م</u>

Signature of officer Or chairman of the board (Rebuired)

Date (Required)



FAITH, HOPE, & DELIVERANCE MINISTRIES INC.Notice Date:November 17, 20221045 EUCLID AVE LOUISVILLE KY, 40208KY SoS Org. ID:0658850

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: Madison REV4528, Revenue Auditor I Email: madison.chism@ky.gov Direct: 502-564-3047	