Organization ID # 0707753 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

0707753.09

DCornish NPRF

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 8/31/2018 11:07 AM Fee Receipt: \$130.00

RST

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 years 2017 through 2018

Exact organization name and principal office address NEW HAVEN YOUTH FOOTBALL ASSOCIATION, INC. 1590 HOLY CROSS ROAD **NEW HAVEN KY 40051**

Registered Agent and Registered Office Address

KIM FENWICK 520 QUARRY LOOP

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 app.sos.ky.gov/ftsearch or can be
downloaded from our website.

FFIN (Ontional)

If the above compa	AVEN, KY 40051 any is included in a parent compa- tion here (optional): Name:	ny's Kentucky tax returr	as a disregarded e	
Principal Office		e of all current officers. All org	anizations must list at least one (1) to list a Secretary or other officer	officer, even in the case of a sole officer. If not serving as records custodian
President	BRYAN HURST			
	profit corporations must have at least thr	ee (3) directors. All directors	of the non-profit must be listed. If n	ot specified, director addresses default to the principal
office address. BRYAN HURST				
SCOTT MCMAH				
SHANE THORN	ISBERRY			
The undersigned	states that the grounds for dis	ssolution either did no	t exist or have been elimin	file its annual report for the year 2017. nated, and the entity's name satisfies the
requirements of h	KRS 273.3181. Enclosed is a	check in the amount o	\$130.00, payable to Ker	ntucky State Treasurer.
information pertai	perjury, the below signed here ining to NEW HAVEN YOUTH rsuant to KRS 271B.14-220.			renue to release any applicable tax tary of State, as required for
If not an office of	f sajo entity, please provide a	Declaration of Power	of Attorney with the Reins	tatement Application.
\mathbf{x}	11	PR	ESIDENT	8-22-18
Signature of of	icer of chairman of the board (Required)	Title (Required)	Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

NEW HAVEN YOUTH FOOTBALL ASSOCIATION, INC. Notice Date: August 31, 2018 430 3RD STREET KY SoS Org. ID: 0707753 NEW HAVEN KY 40051

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.

1. You are registered with the Department of Revenue.

2. An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from filing.

4. 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 1. 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.
 - 2. 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.
 - 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.

CONTACT INFORMATION

If you have any questions regarding this notice, please contact me. Thank you.

Agent: Bruce REV3968, Taxpayer Services Specialist I

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038