Organization ID # 0758254 State of origin KY Filing fee \$115.00 Alison Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Commonwealth of I Lundergan Grimes, S Reinstatement Ap Reinstatement Ar For the year	Secretary of S Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 11/30/2018 11:26 AM Fee Receipt: \$115.00 NPRF
Exact organization name and princ COMMUNITY HOPE CHUR 4427 FALLEN APPLE LAN LOUISVILLE KY 40218	CH INC.	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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.
company's information here (optional): FEIN: Name: Principal Officers - List the name. addu	rent company's Kentucky tax return as a disr ress and title of all current officers. All organizations r	must list at least one (1) officer, even in the case of a sole officer. If not
CEO LARRY T	Office address. Corporations are required to list a Se	cretary or other officer serving as records custodian
· · · · · · · · · · · · · · · · · · ·		
Directors - Non-profit corporations must hav office address.	re at least three (3) directors. All directors of the non-p	profit must be listed. If not specified, director addresses default to the principal
RONALD HUDSON	······	
GARY BOULWARE		
The undersigned states that the grou requirements of KRS 273.3181. Enclo Under penalty of perjury, the below si	nds for dissolution either did not exist or osed is a check in the amount of \$115.0 igned hereby authorizes the Kentucky D	te the entity did not file its annual report for the year 2018. If have been eliminated, and the entity's name satisfies the 10, payable to Kentucky State Treasurer. The partment of Revenue to release any applicable tax ate, as required for reinstatement pursuant to KRS

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

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Signature of officer or chairman of the board (Required)

CEO Title (Required)

Date (Required)

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**Community Hope Church Inc.** 4427 Fallen Apple Lane Louisville KY 40218 Notice Date: November 30, 2018 KY SoS Org. ID: 0758254

RE:	Letter of Good Standing Request - Approved         You requested a letter of good standing, and your entity is in good         standing with the Department of Revenue.         We verified the following information.	
SUMMARY		
OUR DETERMINATION		
	<ol> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> </ol>	
	This notice will remain current for 30 days from the notice date above.	
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: John REV3858, Revenue Auditor I Email: John.Cornett@ky.gov Direct: 502-564-2099	