Organization ID # 1110856 State of origin KY Filing fee \$115.00	Commonwea Michael G. Adam	alth of Kenitud s, Secreta ry d	of State Mich	10856.09 dwilliams NPRF aael G. Adams tucky Secretary of State
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatem	ent Applic ation nent Annu:al F othe year 202°1	on and ^{11/2}	eived and Filed: 3/2021 1:58 PM Receipt: \$115.00
Exact organization name and p RAFIKI CENTER, INC. 647 CHARLBURY RD LEXINGTON KY 40505	incipal office address	nen in filmeren	agent name/office a on this form. When modify the addresse filed. Once the reins statement of change	e address and registered address cannot be changed reinstating, y ou cannot s until the reinstatement is latement is filed, the can be filed online at <u>https:</u> <u>earch</u> or can be downloaded
Registered Agent and Registered Elisha Mutayongwa 647 Charlbury Rd Lexington, KY 40505 If the above company is included in a company's information here (optional FEIN: Name:	parent company's Kentucky tax re	eturn as a disregarde a crim	,	- J
Principal Officers - List the name If not specified, officer addresses default	address and title of all current office	ers. All organizations mutst list a	t least one (1) officer,	even in the case of a sole officer.
	drick Murhula	1396 Rathiff R	d. Sharpsbur	
	ja		<u> </u>	
	ela Spira			
	aley Heamsbergh	٥ ٣		
Directors - Non-profit corporations muthe principal office address.			be listed. If Not spec	fled, director addresses default to
JEWING FIVE INVEST				
Grela Spira Balers Hearnsber				
Albert Lukonaa				
Karissa Porten				· · · · · · · · · · · · · · · ·
The above entity was administra 2021. The undersigned states th				

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 Rafiki Center, 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.

President of the Board Х Sol nick NMMula radion IMB Signature of officer Or chairman of the board (Required) Title (Required) Date (Required)



Rafiki Center, Inc. 647 Charlbury Rd Lexington KY 40505

Notice Date:	November 23, 2021
KY SoS Org. ID:	1110856

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	