Organization ID # 04743	59 Com		h of Kontur			
State of origin KY	Com	nonwean	h of Kentu	<b>cky</b>  0	474359.09 <sup>dwillia</sup>	
Filing fee \$385.00	Michael G	Adams.	Secretary	of State	ichael G. Adams	
		.,,			entucky Secretary of State	
		<u></u>			eceived and Filed:	
Mishael C. Adams			:		/6/2021 9:40 AM	
Michael G. Adams	Poin	etatomo	nt Applicati		ee Receipt: \$385.00	
Secretary of State						
P. O. Box 718	A Rei	nstateme	nt Annual F	Report —		
Frankfort, KY 40602-07 (502) 564-3490			2003 through	-		
		of the years	2003 1110091	2021	* 'i	
http://www.sos.ky.gov					· 1	
Exact organization name ar	nd principal office ad	dress		The principal offi	ce address and registered agent	
THE SAMARITANS		name/office address cannot be changed on this				
7017 BREAKWATE				form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the		
PROSPECT KY 400			reinstatement is filed, the statement of change can be			
			5 × 5.	filed online at <u>app.</u> downloaded from c	<u>sos.ky.gov/ftsearch</u> or can be our website.	
Registered Agent and Registered Agent and Registered Agent and Registered Registered Agent and Registered Registered Agent and Registered Agent agent and Registered Agent ag	stered Office Address	5. (************************************	and the second	FEIN (Option	nal)	
S & H LOUISVILLE,				T Litt (Option		
400 W. MARKET ST			·《外国》:《张洛集			
STE 1800			n an			
LOUISVILLE, KY 40						
f the above company is included		Kentucky tax retur	n as a disregard		rent	
company's information here (opt FEIN: Name:	lional):					
Principal Officers - List the n	ame, address and title of all	current officers. All on	ganizations must list at leasi	one (1) officer, even	in the case of a sole officer. If not	
pecified, officer addresses default to the	he principal office address. Co	prporations are require	d to list a Secretary or other	officer serving as rea	cords custodian	
Secretary -D		DANIFEL	SAMS			
President	ARK BERHARD	MACK	PFEFER			
<u> </u>		7.7 X X X	A CONTRACTOR			
	<u>مری</u> ر . مریر : مربع .					
· · · ·						
Directors - Non-profit corporation	s must have at least three (3)	directors. All directors	of the non-profit must be lis	sted. If Not specified,	director addresses default to the princip	
ffice address.	is must have at least three (3)	directors. All directors	of the non-profit must be lis	sted. If Not spećified,	director addresses default to the princip	
ffice address.	is must have at least three (3)	directors. All directors	of the non-profit must be lis	sted. If Not specified,	director addresses default to the princip	
ffice address.	is must have at least three (3) $2 \times \overline{12} F \in I = E \overline{12}$	i Santa in Angelandi <u>Angelandi</u> Angelandi Internet angelandi Internet angelandi	of the non-profit must be lis	sted. If Not specified,	director addresses default to the princip	
ffice address. BARNEY LONG		i Santa in Angelandi <u>Angelandi</u> Angelandi Internet angelandi Internet angelandi	of the non-profit must be lis	sted. If Not specified,	director addresses default to the princip	
office address. BARNEY LONG		i Santa in Angelandi <u>Angelandi</u> Angelandi Internet angelandi Internet angelandi	of the non-profit must be li	sted. If Not specified,		
office address. BARNEY LONG		i Santa in Angelandi <u>Angelandi</u> Angelandi Internet angelandi Internet angelandi	of the non-profit must be li			

The above entity was administratively dissolved on November 1, 2003 because the entity did not file its annual report for the year 2003. 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 \$385.00, 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 THE SAMARITANS, 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.

Х of officer Or chairman of th bgard (Required) Signature

itle (Required)

Date (Required)



THE SAMARITANS, INC. 6104 SAMUELS CT CRESTWOOD KY 40014

Notice Date:	April 6, 2021
KY SoS Org. ID:	0474359

RE:	Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in <b>good</b> <b>standing</b> with the Department of Revenue.		
SUMMARY			
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <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> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>		
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: Bruce REV3968, Taxpayer Services Specialist II Direct: 502-564-2038		