Organization ID # 0314960 State of origin KY Filing fee \$130.00	Commonwealth of Michael G. Adams, Sec	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement A Reinstatement A For the years 2021	nnual Report
Exact organization name and pr WARREN THOMAS HIS P.O. BOX 161 HICKMAN KY 42050	rincipal office address TORICAL SOCIETY, 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>https://web.sos.kv.gov/ftsearch</u> or can be downloaded from our website.
company's information here (optional FEIN: Name: Principal Officers - List the name,	parent company's Kentucky tax return as a d ): address and title of all current officers. All organization	s must list at least one (1) officer, even in the case of a sole officer. If not
	cipal office address. Corporations are required to list a NETTE S. DEAN	Secretary or other officer serving as records custodian
كالمتكفا الكفار المتحاكم والمحوالة والتحوي والمراجع والمحاور والمحاد والمحاد والمحاد	SA WILKINS	
	NETTE S. DEAN	
Directors - Non-profit corporations mus office address. MARY R. CHEIRS BETTY H. MAYS ALBERT DINWIDDIE LINDA CHEIRS	t have at least three (3) directors. All directors of the nor	n-profit must be listed. If Not specified, director addresses default to the principa
The above entity was administrati The undersigned states that the g requirements of KRS 273.3181. E	rounds for dissolution either did not exist nclosed is a check in the amount of \$130	use the entity did not file its annual report for the year 2021. or have been eliminated, and the entity's name satisfies the .00, payable to Kentucky State Treasurer. Department of Revenue to release any applicable tax

information pertaining to WARREN THOMAS HISTORICAL SOCIETY, 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.

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6 - 9 - 22 Date (Required) Title (Required) AMA gnature of officer Or chairman of the board (Required)



MS. JEANNETTE DEAN 1508 ATWOOD ST. HICKMAN, KY 42050 
 Notice Date:
 June 14, 2022

 KY SoS Org. ID:
 0314960

RE:	Letter of Good Standing Request - Approved	
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.	
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	