Organization ID # 0946862 State of origin KY Filing fee \$130.00 Alison	Commonwealth of Kentuc n Lundergan Grimes, Secreta	ky ry of State	0946862.09 Alison Lundergan Grim Kentucky Secretary of Received and Filed: 3/9/2018 1:47 PM	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applicatio Reinstatement Annual Re For the years 2017 through 2	n and ^L eport	Fee Receipt: \$130.00	
Exact organization name and prin BURHAN INSTITUTE, INC PO BOX 221065 LOUISVILLE KY 40252		The principal office address name/office address canno form. When reinstaing, you addresses until the reinstate reinstatement is filed, the sta filed online at <u>app.sos.ky.g</u> downloaded from our websit	ot be changed on this cannot modify the ment is filed. Once the atement of change can be <u>py/ftsearch</u> or can be	
Registered Agent and Registered J. GREGORY TROUTMAN 312 SOUTH FOURT STRE STE. 700 LOUISVILLE, KY 40202 If the above company is included in a pa company's information here (optional): FEIN:Name:				
specified, officer addresses default to the princip President	Iress and title of all current officers. All organizations must list at least o al office address. Corporations are required to list a Secretary or other of MS Rohani POBox 9	fficer serving as records cust		
Secretary Be Treasurer Me	hrooz Sabet IIIOI Coveni hrooz Sabet IIIOI Coveni hroud Bashivi 1312 Roar ave at least three (3) directors. All directors of the non-profit must be liste	ing Fork, L	eander, Ty ddresses default to the principal	Y 40241 18641
Cyrus Rchar Behrooz So				
Mehrdad Ba	shiri			

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 \$130.00, 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 BURHAN INSTITUTE, 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.

6/2018) brand equired



BURHAN INSTITUTE, INC. PO BOX 221065 LOUISVILLE KY 40252

Notice Date:	March 9, 2018
KY SoS Org. ID:	0946862

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.			
SUMMARY				
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: Ramon REV4636, Taxpayer Services Specialist I Email: Ramon.Juanso@ky.gov Direct: 502-564-2169			