Organization ID # 0457363 State of origin KY Filing fee \$130.00 <b>Alisor</b>	Commonwealth of K n Lundergan Grimes, Se	-	0457363.09 mstratto NPF Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement App Reinstatement Anr For the years 2017 th	t Annual Report RST	
Exact organization name and prin CHHS BOYS SOCCER BC C/O CHHS 3040 LEITCHFIELD ROAD CECILIA KY 42724	DOSTERS, INC.	name/office addre form. When reinsta addresses unt I the reinstatement is file	te address and registered agent iss cannot be changed on this ating, you cannot modify the reinstatement is filed. Once the id, the statement of change can be isos.ky.gov/ftsearch or can be ur website.
Registered Agent and Registered JUSTIN MADDOCK 3040 LEITCHFIELD ROAD ELIZABETHTOWN, KY 42 If the above company is included in a pa company's information here (optional): FEIN: Name:	) 701 arent company's Kentucky tax return as a disreç	gardeo	
Principal Officers - List the name, add specified, officer addresses default to the princip	dress and title of all current officers. All organizations mu al office address. Corporations are required to list a Secre	st list at least one (1) officer, even etary or other officer serving as rec	in the case of a sole officer. If not cords custodian
President     JENNIFI       Secretary     JAnti       Treasurer     KATHY			
Directors - Non-profit corporations must ha	ave at least three (3) directors. All directors of the non-pro	fit must be listed. If not specified, o	director addresses default to the principal
JENNIFER WRIGHT TRAVIS MARTIN PAMELA PRIDDY			

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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 CHHS BOYS SOCCER BOOSTERS, 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.

n ne board (Required)



CHHS BOYS SOCCI C/O CHHS 3040 LEITCHFIELD CECILIA KY 42724	ER BOOSTERS, INC. ROAD	Notice Date: KY SoS Org. ID:	August 6, 2018 0457363	
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	<ul><li>from filing.</li><li>4. You have no outstanding tax Collections or have a valid p</li></ul>	the Department of Revenue. quested this letter. LE tax returns as required, or you are exempt g tax assessments with the Division of		
WHAT YOU NEED TO DO	<ul> <li>copy of this letter to the Ken of the notice date above.</li> <li>2. If you are a for-profit corp the Secretary of State a lette Unemployment Insurance.</li> <li>3. If you are a non-profit ent your tax returns with the Ke</li> </ul>	reinstate your entity, please provide a entucky Secretary of State within 30 days rporation, you will also need to provide ter of good standing from the Division of Their telephone number is 502-564-6835. htty, please remember to file a copy of Centucky Attorney General. The charity e is: http://ag.ky.gov/family/ y/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