	Lundergan Grimes, S	Kentucky Secretary of State		
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application and Filed: 7/22/2020 3:33 PM Fee Receipt: \$235.00 Reinstatement Annual Report For the years 2011 through 2019			
Exact organization name and princi SHIRECREST EQUINE EDU 2543 BEECH GROVE RD SCIENCE HILL KY 42553		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>app.sos.kv.gov/ftsearch</u> or can be downloaded from our website.		
company's information here (optional): FEIN: Name: Principal Officers - List the name, addre	ent company's Kentucky tax return as a disr	nust list at least one (1) officer, even in the case of a sole officer. If not		
President JACKI CL	office address. Corporations are required to list a Sec ARK	retary or other officer serving as records custodian		
Directors - Non-profit corporations must have office address.	e at least three (3) directors. All directors of the non-p	rofit must be listed. If not specified, director addresses default to the principal		
STACY A. FONCANNON				
MICHAEL FONCANNON				
JACKI CLARK				
		·····		
2011. The undersigned states that the satisfies the requirements of KRS 273 Under penalty of perjury, the below signiformation pertaining to SHIRECRES pursuant to KRS 271B.14-220.	grounds for dissolution either did not e .3181. Enclosed is a check in the amou gned hereby authorizes the Kentucky De	use the entity did not file its annual report for the year xist or have been eliminated, and the entity's name int of \$235.00, payable to Kentucky State Treasurer. epartment of Revenue to release any applicable tax to the Secretary of State, as required for reinstatement ev with the Reinstatement Application.		

X Jack & Clark	CEOPL	endent		7109/20
Signature of officer or chairman of the board (Required)		Title (Required)		Date (Required)
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## SHIRECREST EQUINE EDUCATION CENTER, INC.No2543 BEECH GROVE RDKVSCIENCE HILL KY 42553

Notice Date: KY SoS Org. ID:

July 22, 2020 0494065

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	We verified the following information.			
	<ol> <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</li> </ol>			
	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	1. <b>If you are attempting to reinstate your entity,</b> please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.			
	2. <b>If you are a for-profit corporation,</b> 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.			
	3. 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			