

Organization ID # 0721869

State of origin KY

Filing fee \$295

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

0721869

Michael G. Adams

KY Secretary of State

Received and Filed

12/23/2024 4:49:23 PM

Fee receipt: \$295.00

NPRF

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Reinstatement Application and  
Reinstatement Annual Report**  
**For the years 2012 through 2024**

**RST**

**Exact organization name and principal office address**

**SOMALI BANTU ASSOCIATION OF LOUISVILLE, INCORPORATED**  
**2219 HALE AVE**  
**LOUISVILLE KY 40210**

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 will be filed.

**Registered Agent and Registered Office Address**

**HUSSEIN ISSACK**  
**2219 HALE AVE**  
**LOUISVILLE, KY 40210**

**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records officer.

|                |                       |                                      |
|----------------|-----------------------|--------------------------------------|
| President      | HUSSEIN HASSAN ISSACK | 2219 HALE AVE LOUISVILLE, KY 40210   |
| Vice President | AW EYS K ALI          | 2219 HALE AVE LOUISVILLE, KY 40210   |
| Secretary      | BATULA A MOHAMED      | 2219 HALE AVE LOUISVILLE, KY 40210   |
| Treasurer      | MARIAN G ALI          | 707 GHEEN'S AVE LOUISVILLE, KY 40215 |

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If Not specified, director addresses default to the principal office address.

|                   |                                    |
|-------------------|------------------------------------|
| OSMAN JILANI NOOR | 2219 HALE AVE LOUISVILLE, KY 40210 |
| ADAN ALI AHMED    | 2219 HALE AVE LOUISVILLE, KY 40210 |
| MARIAN G ALI      | 2219 HALE AVE LOUISVILLE, KY 40210 |
| MUMINA B HUSSEIN  | 2219 HALE AVE LOUISVILLE, KY 40210 |

|                |                 |
|----------------|-----------------|
| County:        | Jefferson       |
| Business size: | Small           |
| Business type: | Social Services |

The above entity was administratively dissolved on 9/11/2012 because the entity did not file its annual report for the year 2012. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to SOMALI BANTU ASSOCIATION OF LOUISVILLE, INCORPORATED to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: **Osman Noor** Title: **DIRECTOR** 12/23/2024



**KENTUCKY DEPARTMENT OF REVENUE**  
**DIVISION OF CORPORATION TAX**  
501 HIGH STREET, STATION 52  
FRANKFORT, KENTUCKY 40601-2103

Website: [www.revenue.ky.gov](http://www.revenue.ky.gov)

**SOMALI BANTU ASSOCIATION OF LOUISVILLE,  
INCORPORATED**  
**730 S. HANCOCK ST. APT. N**  
**LOUISVILLE KY, 40203**

Notice Date: December 23, 2024  
KY SoS Org. ID: 0721869

**RE:** *Letter of Good Standing Request - Approved*

**SUMMARY** You requested a letter of good standing, and your entity is in **good standing** with the Department of Revenue.

**OUR DETERMINATION** We verified the following information.

1. You are registered with the Department of Revenue.
2. An authorized person requested this letter.
3. You filed income and LLE tax returns as required, or you are exempt from filing.
4. 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.

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**WHAT YOU NEED TO DO**

1. **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.
2. **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.
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>.

**AGENT  
INFORMATION**

If you have any questions regarding this notice, please contact me. Thank you.

Agent: William REV4818, Revenue Auditor I  
Email: [William.Correll@ky.gov](mailto:William.Correll@ky.gov)



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**730 S. HANCOCK ST. APT. N**  
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Notice Date: December 23, 2024  
KY SoS Org. ID: 0721869

Direct: 502-564-7387

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