Organization ID # 0206870 State of origin

Commonwealth of Kentucky Filing fee \$535.00 Alison Lundergan Grimes, Secretary of St

0206870.09

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**Alison Lundergan Grimes Kentucky Secretary of State** 

Received and Filed: 9/17/2015 11:10 AM Fee Receipt: \$535.00

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 Reinstatement Annual Report** For the years 1987 through 2015

RST

**Exact organization name and principal office address** 

JONES FORK VOLUNTEER FIRE DEPARTMENT, INCORPORATED HWY. 550, P. O. BOX 235 **MOUSIE KY 41839** 

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 app.sos.ky.gov/ftsearch or can be downloaded from our website.

## Registered Agent and Registered Office Address

JIMMY D. KING HWY. 550, P. O. BOX 235 MOUSIE, KY 41839



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 custodian

President	Benny	Bailey	Ρο	Box	235	Mousie	Ky	41839
Vice-President	Core	King	$\rho_{G}$	Box	235	Mousie	Ky	41839
Secretary	Todo	Wallen	<u> </u>	Box	235	Mousic	Ks	41835
Freasurer	Zack	Kins	ρο_	Bex	335	Massie	Ky_	41835
ffice address.	orations must have at	least three (3) directors. All d	lirectors of the n	on-profit m	ust be listed	. If not specified, o	lirector addre	esses default to the p
Directors - Non-profit corporation address.  Benny Bailey	orations must have at	least three (3) directors. All d	lirectors of the n	on-profit m	ust be listed	. If not specified, o	firector addre	esses default to the p
Benny Bailey Cory King	orations must have at	least three (3) directors. All d	lirectors of the n	on-profit m	ust be listed	. If not specified, o	tirector addre	esses default to the p
Benny Bailey		least three (3) directors. All d	lirectors of the n	on-profit m	ust be listed	If not specified, o	lirector addre	esses default to the p

The above entity was administratively dissolved on August 1, 1988 because the entity did not file its annual report for the year 1988. 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 \$535.00, 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 JONES FORK VOLUNTEER FIRE DEPARTMENT, INCORPORATED 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.

X By Buch	Chief + President	9-14-15
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)



THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

September 17, 2015

JONES FORK VOLUNTEER FIRE DEPARTMENT, INCORPORATED HWY. 550, P. O. BOX 235 MOUSIE KY 41839

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **JONES FORK VOLUNTEER FIRE DEPARTMENT, INCORPORATED** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Gary REV1282, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta.52 Frankfort, KY 40601 502-564-7281 FAX# 502-564-0058

Kentucky Secretary of State organization number 0206870

