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Organization ID # 0712570 Commonwealth of Kentucky			Michael G. Adams			
State of origin KY Filing fee \$325.00 Mi	ichael G. Adams,			Kentucky Secret Received and F 2/9/2024 8:38 A Fee Receipt: \$3	iled: M	ite
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatemen Reinstatemer For the years		eport		RST	
	cipal office address ARKSIDE HOMEOWNERS ASS 4101 Tates Creck Centre	Drive	name/office addr form. When reins addresses until the reinstatement is fil filed online at http	ce address and regis ese cannot be change lating, you cannot mod preinstatement is filed. ed, the statement of ch <u>s://web.sos,ky.gov/</u> e/search.aspx or can l www.web/b	ed on this ify the Once the lange can be	
LEXINGTON, KY 40515 7 If the above company is included in a par company's information here (optional): FEIN: Name: Principal Officers - List the name, addr	Hyey Thomas Braky Hol Tok Creek Confre Drive rent company's Kentucky tax return ess and title of all current officers. All organ	as a disregarde <mark>d entity</mark>	ne (1) officer, even	In the case of a sole of	• 1 •	·
specified, officer addresses default to the principal President		Telfren Thomas B	×	cords custodian		
	CIRCUMPTERS U	erven promas p	Varn			
Directors - Non-profit corporations must have office address.		<u></u>	d. If Not specified,	director addresses defa	ault to the princi	ipal
ROBIN-SCRINEIDER	Schrey Mapme		<u>.</u>			· · ·
	Sarah Brah			· · · · · · · · · · · · · · · · · · ·		
	Austin Brade	<u> </u>	······	<u></u>		
The above entity was administratively 2010. The undersigned states that the satisfies the requirements of KRS 273 Under penalty of perjury, the below sig	e grounds for dissolution either d 3,3181, Enclosed is a check in th aned hereby authorizes the Kent	id not exist or have b e amount of \$325.00 ucky Department of	een eliminate , payable to K Revenue to re	d, and the entity's entucky State Tra lease any applica	s name easurer. able tax	
information pertaining to THE TOWNF required for reinstatement pursuant to		OWNERS ASSOCIA	TION, INC. to	the Secretary of	State, as	•

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X rside 02/06]Z024 Date (Required) Signature of officer Or chairman of the board (Required) Title (Required)



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.		
	 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: Dottye REV3769, Taxpayer Specialist II Email: Dottye.Roberts@ky.gov Direct: 502-564-0102		