Organization ID # 1036972 State of origin KY Filing fee \$130.00

Michael G. Adams

Secretary of State

P. O. Box 718

Frankfort, KY 40602-0718

(502) 564-3490 http://www.sos.ky.gov

Signature of officer Or chairman of the board (Required)

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

1036972.09

kdcoleman NPRF

Michael G. Adams

Received and Filed: 8/24/2020 2:41 PM Fee Receipt: \$130.00

**Kentucky Secretary of State** 

Reinstatement Application and Reinstatement Annual Report For the years 2019 through 2020

**RST** 

Date (Required)

Exact organization name and principal office address INSTITUTE OF MANAGEMENT ACCOUNTANTS, BLUEGRASS CHAPTER,				The principal office address and registered agent name/office address cannot be changed on this
INC	PO BOX 8872 LEXINGTON KY 40533		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 downloaded from our website.	
Regis	tered Agent and Registered Office Add	ress		
	DEANNA RAMSEY			
	205 FRANKFORT ST VERSAILLES, KY 40383			
	bove company is included in a parent compar	ny's Kentucky tax return as a	disregarde	
	ny's information here (optional): Name:			
r ZIIV	Name.		<del></del>	
Princ	ipal Officers - List the name, address and title	of all current officers. All organization	ns must list at least	one (1) officer, even in the case of a sole officer, if not
Presi	d, officer addresses default to the principal office address	is. Corporations are required to list a	Secretary or other	160 Billiamena 10+5
	President Dalan Rulew	100	instruction.	Wan Lexington 40509
Secre		dbsm 72	Mundi	Exampling 10 156 100 40383
Treas		Monkoph 34	28 BOTCH	en Wilker Dr Lexinston 40509
Direc	tors - Non profit comporations must have at least three	ne (3) directors. All directors of the n	on profit must be list	led. If Not specified, director addresses default to the principal
office ac		e (3) directors. All directors of the fi	on-pront mast be us	ed. If 110t Specified, director addresses default to the principal
20	the Buckney	256 glend	ale Hy	crosotom 40324
$\overline{}$	annal Ramsey	205 Frankfor		ersailles KY 40383
<u>Li</u>	sa James	2343 Alexand	malr 5	fe 310 Lexington KY 40504
	<u> </u>			
		<u></u>		
The al	nove entity was administratively dissolved	on October 16, 2019 hers	use the entity (	did not file its annual report for the year 2019.
The u	ndersigned states that the grounds for dis	solution either did not exis	t or have been	eliminated, and the entity's name satisfies the
requir	ements of KRS 273.3181. Enclosed is a c	theck in the amount of \$13	0.00, payable to	o Kentucky State Treasurer.
Under	penalty of perjury, the below signed here	by authorizes the Kentuck	Department o	f Revenue to release any applicable tax
	ation pertaining to INSTITUTE OF MANA ed for reinstatement pursuant to KRS 271		S, BLUEGRASS	S CHAPTER, INC to the Secretary of State, as
	an officer of said entity, please provide a l		orney with the l	Painstatement Application
	in onicer of said entity, please provide a t	Decial ation of Fower of Att	orney with the I	$\sim 1 - 1$
<b>\Y</b> .	\L(\lambda)	(YN)		3/12/2050

Title (Required)



Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

INSTITUTE OF MANAGEMENT ACCOUNTANTS, BLUEGRASS CHAPTER, INC PO BOX 8872 LEXINGTON KY 40533 Notice Date: August 24, 2020

KY SoS Org. ID: 1036972

**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.

 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.

## 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.

## CONTACT INFORMATION

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

Agent: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310