Organization ID # 0539874 **Commonwealth of Kentucky** State of origin KY Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

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 year 2014

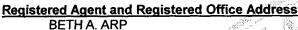
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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/27/2014 2:00 PM Fee Receipt: \$115.00

Exact organization name and principal office address SHIVELY WORSHIP CENTER INC. **1810 APPLETON LN.** LOUISVILLE KY 40216

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.



1810 APPLETON LN. LOUISVILLE, KY 40216

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

President	BETH A. ARP		
Vice President	RUSSELL F. MARTIN		
Secretary	JOSEPH AUTRY	a charles y	
		SARAN A	
D'			
DIFECTORS - Non-profit corp office address.	porations must have at least three (3) directo	ors. All directors of the non-pro	ofit must be listed. If not specified, director addresses default to the principal
BETH A. ARP			
RUSSELL MARTIN			A Lange 18
JOSEPH AUTRY			

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The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 \$115.00, 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 SHIVELY WORSHIP CENTER INC, 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.

Х Signature of officer or chairman of the board (Required) Title (Required)

-65



THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

October 27, 2014

SHIVELY WORSHIP CENTER INC. **1810 APPLETON LN. LOUISVILLE KY 40216**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, SHIVELY WORSHIP CENTER **INC.** 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,

Nicole REVX129, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0539874

