Organization ID# 0703675 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 12/19/2014 2:02 PM Fee Receipt: \$115.00

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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

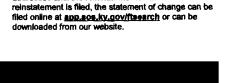
Exact organization name and principal office address HELLENIC IDEALS PROGRAM, INC.

111 WOODLAND AVENUE **SUITE 801 LEXINGTON KY 40502**

Registered Agent and Registered Office Address

FBT LLC 250 WEST MAIN STREET **SUITE 2700 LEXINGTON, KY 40507**

XODDAM NHOL WILLIAM COLLIS, M. D



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

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 <u>President</u> TOM PRATHER Vice President EVERETT MCCORVEY Secretary JOE BARK **PAUL JOHNSTON** Treasurer 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. TOM PRATHER **EVERETT MCCORVEY.PH.D.** JOE BARK.M.D.

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 HELLENIC IDEALS PROGRAM, 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.



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

December 19, 2014

HELLENIC IDEALS PROGRAM, INC. 111 WOODLAND AVENUE SUITE 801 LEXINGTON KY 40502

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **HELLENIC IDEALS PROGRAM, 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,

Jay X255, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2057 FAX# 502-564-0058

Kentucky Secretary of State organization number 0703675

