Organization ID # 0560676	Commonwealth of Kentucky			
State of origin KY		-		
Alison Lundergan Grimes Secretary of State	n Lundergan Grimes, Sec Reinstatement Applic	cation and	Kentucky Secretary of State Received and Filed: 7/20/2018 1:57 PM Fee Receipt: \$160.00	
P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	<b>Reinstatement Annu</b> For the years 2015 throu	-		
Exact organization name and prin LEDGEWOOD HOMEOWI 6632 ORCHARD CLUB PL LOUISVILLE KY 40291	NERS ASSOCIATION, INC.	name/office addre form. When reinsta addresses until the reinstatement is file	e address and registered agent ss cannot be changed on this titing, you cannot modify the reinstatement is filed. Once the d, the statement of change can be sos.ky.gov/ftsearch or can be ur website.	
Registered Agent and Registered JOHN SEEWER	Office Address	FEIN (Option	al)	
company's information here (optional):	ACE arent company's Kentucky tax return as a disregard	led		
	dress and title of all current officers. All organizations must list pal office address. Corporations are required to list a Secretary			
President JOHNS	EEVVER			
Secretary Christe	phen M Can			
office address.	ave at least three (3) directors. All directors of the non-profit mu	ust be listed. If not specified, c	lirector addresses default to the principal	
GREGBELL Kobert Maige	зорА			
REBECCA KEILMAN Pon J-	Anggins			
2015. The undersigned states that t satisfies the requirements of KRS 2	ely dissolved on September 12, 2015 because the grounds for dissolution either did not exist of 73.3181. Enclosed is a check in the amount of	or have been eliminate \$160.00, payable to K	d, and the entity's name entucky State Treasurer.	

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to LEDGEWOOD HOMEOWNERS ASSOCIATION, 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.

Secretary Title (Required) Signature of officer or chairman of the board (Required) e (Required)



## LEDGEWOOD HOMEOWNERS ASSOCIATION, INC.Notice Date:July 20, 20186632 ORCHARD CLUB PLACEKY SoS Org. ID:DisconfoLOUISVILLE KY 40291ObservationConfiguration

RE:	Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in <b>good</b> <b>standing</b> with the Department of Revenue.		
SUMMARY			
OUR DETERMINATION	We verified the following information.		
	<ol> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> </ol>		
	This notice will remain current for 30 days from the notice date above.		
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>		
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Ramon REV4636, Taxpayer Services Specialist I Email: Ramon.Juanso@ky.gov Direct: 502-564-2169		