Organization ID # 0630176 State of origin

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

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Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 12/4/2019 1:24 PM Fee Receipt: \$115.00

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 2019

Exact	t organization	name and	principal	office address

AMVETS POST 116 INC. 9051 S HWY 25 **CORBIN KY 40701**

Type or print name and title

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.

The principal office address and registered agent

Registered Agent ar	nd Registered Office Address	FEIN (Optional)		
GREG MUR	•			
9051 S. HW				
CORBIN, K				
if the above company is company's information	s included in a parent company's Ken	tucky tax return as a disregarde	nt	
FEIN:	Name:			
				
		ent officers. All organizations must list at least one (1) officer, even		
specified, officer addresses President	DONNIE BURKE	ations are required to list a Secretary or other officer serving as rec	ords custodian	
Treasurer	GREG MURRAY			
Vice President	TROY MAHAN			
D: 4				
DIPECTORS - Non-profit of office address.	corporations must have at least three (3) direc	ctors. All directors of the non-profit must be listed. If Not specified, o	irector addresses default to the principal	
TROY MAHAN	*			
GREG MURRAY				
EARL ROADEN				
The undersigned stat	es that the grounds for dissolution	ober 16, 2019 because the entity did not file its an n either did not exist or have been eliminated, and the amount of \$115.00, payable to Kentucky Stat	the entity's name satisfies the	
		orizes the Kentucky Department of Revenue to re ne Secretary of State, as required for reinstatemer		
If not an officer of sai	d entity, please provide a Declarat	tion of Power of Attorney with the Reinstatement A	pplication.	
gether For	h	Commander	12/4/2019	
Signa	ature and Title	Title (Required)	Date (Required)	
FLUID FISh	or CommaNNER			

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

Notice Date:

December 4, 2019

KY SoS Org. ID: 0630176

9051 S HWY 25 CORBIN KY 40701

AMVETS POST 116 INC.

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.
- 3. 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 you.

Agent: Tonja REV3883, Taxpayer Services Specialist I

Email: Tonja.Lilly@ky.gov Direct: 502-564-7289