Organization ID # 0542577 State of origin Filing fee \$115.00

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

Michael G. Adams

**Kentucky Secretary of State** Received and Filed: 12/21/2021 10:34 AM Fee Receipt: \$115.00

<u> 167</u>

Michael G. Adams 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 2021

Exact organization name and principal office address
MONROE COUNTY FAMILY WELLNESS CENTER, INC
309 EMBERTON STREET
TOMPKINSVILLE KY 42167

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 https: \web.sos.ky.gov\ftsearch or can be downloaded from our website.

Registered Agent and	Registered Office Address	and the second seco			
AMY W THOM				]	
309 EMBERTON STREET					
TOMPKINSVI	LLE, KY 42167			<u> </u>	
If the above company is in	ncluded in a parent company's k	Kentucky tax return as a disre	gard <b>e</b> ,,	ent	
company's information he	ere (optional):				
FEIN:N	ame:				
	List the name, address and title of esses default to the principal office a			cer, even in the case of a sole officer. er serving as records custodian	
President	WILLIAM MICHAEL CA				
Secretary	AMY W THOMPSON				
Vice President	EDDIE PROFFITT	<del> </del>			
1100 1 100/40/10					
	<del></del>	<del></del>			
<b>Directors</b> - Non-profit co	proporations must have at least three	(3) directors. All directors of the n	on-profit must be listed. If Not s	pecified, director addresses default to	
WILLIAM MICHAEL	CARTER				
EDDIE PROFFITT	<del>-                                    </del>				
BOBBY GENTRY	<del></del>				
JOHN HARLIN					
ANTHONY CARTER	WALDEN				
*					
2021. The undersigne	administratively dissolved on d states that the grounds for ents of KRS 273.3181. Enclo	dissolution either did not	exist or have been elimin	ated, and the entity's name	
information pertaining	ry, the below signed hereby to MONROE COUNTY FAMI nt to KRS 271B.14-220.				
If not an officer of said	entity please provide a Decl	laration of Power of Attorne	y with the Reinstatement	Application.	
X Angh.	Thompson	Docustan	×	2110/2021	
Signature of officer Or	chairman of the board (Required)	Title	Raquired)	Date (Required)	
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				Service Control of the Control	

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

MONROE COUNTY FAMILY WELLNESS CENTER,

Notice Date:

December 20, 2021

KY SoS Org. ID:

0542577

INC. **309 EMBERTON STREET TOMPKINSVILLE KY 42167** 

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
- 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: Bruce REV3968, Taxpayer Services Specialist II

Direct: 502-564-2038