Organization ID # 0080179 Commonwealth of Kentucky State of origin KY Filing fee \$205.00 Alison Lundergan Grimes, Secretary of S			0080179.09 balimonos NPRF Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:	
Alison Lundergan Grit Secretary of State P. O. Box 718 Frankfort, KY 40602-0 (502) 564-3490 http://www.sos.ky.ge	Reinstate Reinstate For the y	ent Application and nent Annual Report ars 2009 through 2015		
		name/office add form. When reins addresses until th reinstatement is fi filed online at <u>app</u>	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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.	
Registered Agent and R ROBERT MAUR 230 OLD MILL S SHEPHERDSVIL	TREAMLN			
Principal Officers - List the	a name, address and tille of all current office	ers. All organizations must list at least one (1) officer, eve	n in the case of a sole officer. If not	
	ERIN KIRKPATRICK,	principal office address. Corporations are required to list a Secretary or other officer serving as records custodian NKIRKPATRICK, 700 Old Mill Stream Ln., Shepherdsville, KY 40165		
	DOUG COMER	510 Old Mill Stream Ln., Shepherdsville, KY 40165		
	SARAH HARDIN	196 Settlers Trace, Shepherdsville, KY 40165		
Member	BECKY RIGGLE	470 Old Mill Stream Lane, Sheph	nerdsville, KY 40165	
Directors - Non-profit corporati office address. RAY RENEROW WILLIAM RHODES	ons 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	
CAROLYN PAINTER				
TIM REICHLE	······································			

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 \$205.00, 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 LAZY RIVER ESTATES ASSOCIATION, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an filicer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

Signature of officer or chairman of the board (Required)

Presiden Required)

23/2015



THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

June 4, 2015

LAZY RIVER ESTATES ASSOCIATION, INC. **196 SETTLERS TRACE** SHEPHERDSVILLE KY 40165

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, LAZY RIVER ESTATES ASSOCIATION, 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,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0080179

