Organization ID # 0875080 Commonwealth of Kentucky State of origin KY Filing fee \$130.00 Michael G. Adams, Secretary of State						0875080.09 dwilliam NPRI Michael G. Adams Kentucky Secretary of State		
Michael G. Adam Secretary of Sta	ns te Re	instat	nstatement Application and			Received and Filed: 7/8/2021 3:02 PM Fee Receipt: \$130.00		
P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov					Report		RST	
Exact organization name and principal office address BLUEGRASS IN THE PARK FOLKLIFE FESTIVAL INC. 401 SOUTH MAIN STREET HENDERSON KY 42420					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 MARK HARGIS 401 SOUTH MAI HENDERSON, H If the above company is incl company's information here FEIN: Nar Principal Officers - List specified, officer addresses defaul	N STREET Y 42420 uded in a parent compar (optional): ne:NA	ny's Kentuck	ficers. All organiza	tions must list at leas		in the case of a	sole officer. If r	t not
President	MARK HARGIS	s. corporation		a decietary of oale			* ***	
Secretary	DIANE S BREMER					·····		
Vice President	XR ROYSTER	•	<u></u>					<u> </u>
		et an entry the		n an		<u>ne s</u> Ne Stati		
Directors - Non-profit corpor	ations must have at least thre	e (3) directors.	All directors of the	non-profit must be li	sted. If Not specified	<u>- 2000년 1971년</u> 11월 28일 - 11월 21일	es default to the	e principal
MARK HARGIS	and the second state of th	C <u>A</u>				an a		· · · · · ·
DIANE BREMER	<u>1997年後日 1997年</u>	010	WATSON	11 22	<u> </u>		420 0	w
		729	VU FAI OCO	<u> </u>	NECOM	<u>Ky 42</u>	4 20 -	31-3102
		·	and the state of the second	ingt and the	e La c		(1 1-2152
······································		e se e Natio		a the second			<u> </u>	
The above entity was adn The undersigned states th requirements of KRS 273	at the grounds for dis	solution eit	her did not ex	st or have been	eliminated, ar	nd the entity's	name satis	2020. fies the

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to BLUEGRASS IN THE PARK FOLKLIFE FESTIVAL 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.

CECIETANE/ Title (Required) Х 6 12 Ø

Date (Required

Signature of officer Ør chairman of the board (Required)



BLUEGRASS IN THI INC. 929 WATSON LANE HENDERSON KY 42	E PARK FOLKLIFE FESTIVAL 420	Notice Date: KY SoS Org. ID:	July 8, 2021 0875080					
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. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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							