Organization ID # 0267182 Commonwealth of Kentucky State of origin KY Filing fee \$160.00 Alison Lundergan Grimes, Secretary of Sta

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 7/19/2017 1:14 PM Fee Receipt: \$160.00

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 years 2014 through 2017

RST

Exact	organization name and principal office address
	BOSTON SQUARE CONDOMINIUM ASSOCIATION, INC
	401 BOSTON SQUARE
	CEORCETOWN VV 40224

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 app.sos.kv.gov/fitsearch or can be downloaded from our website

401 BOSTON GEORGETOV	,	reinstat filed on	ses until the reinstatement is filed. Once the tement is filed, the statement of change can be line at app.sos.ky.gov/ftsearch or can be aded from our website.
KATHY KENIN 100 BOSTON GEORGETOV If the above company is in company's information he	SQUARE VN, KY 40324 ncluded in a parent company's Kenti	ucky tax return as a disregarded	
Principal Officers - L specified, officer addresses del	ist the name, address and title of all currer ault to the principal office address. Corporat	nt officers. All organizations must list at least one (1) of tions are required to list a Secretary or other officer se	officer, even in the case of a sole officer. If not erving as records custodian
Treasurer Vice President Secretary President	CHESTER MUIR MARK TRACHSEL LENORA TRACHSEL Cha	130 Canewood Blv ase Wilson PO Box 956,	e Georgetown, Ky 40324 d. Georgetown, Ky 40324 Georgetown, Ky 40324 quare Georgetown, Ky 40324
Directors - Non-profit comp	porations must have at least three (3) direct	tors. All directors of the non-profit must be listed. If no	t specified, director addresses default to the principal
CHESTER MUIR MARGE CRISP CYC LENORA TRACHSEL	use Wilson		
2014. The undersigned	states that the grounds for disso	tember 30, 2014 because the entity did olution either did not exist or have been s a check in the amount of \$160.00, pay	eliminated, and the entity's name
	O BOSTON SQUARE CONDOM	orizes the Kentucky Department of Reve INIUM ASSOCIATION, INC. to the Secre	
f not an officer of said	entity, please provide a Declarati	ion of Power of Attorney with the Reinsta	atement Application.
X fort 1	nairman of the board (Required)	Title (Required)	7/11/17 Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

July 19, 2017

BOSTON SQUARE CONDOMINIUM ASSOCIATION, INC. 401 BOSTON SQUARE GEORGETOWN KY 40324

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **BOSTON SQUARE CONDOMINIUM 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,

Ramon REV4636, Taxpayer Services Specialist I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-2169

Phone: (502) 564-2169 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0267182

