					0202283	5.09 NPRE
Organization ID # 0565 State of origin KY Filing fee \$220.00		Commonwealth of Kentucky nael G. Adams, Secretary of State			Michael G. Adams Kentucky Secretary of State	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-((502) 564-3490 http://www.sos.ky.g	Rei D718 Rei	Reinstatement Application and Reinstatement Annual Report For the years 2013 through 2020				RST
Exact organization name THE BEAUMONT P.O. BOX 1178 212 NORTH SEC RICHMOND KY 4	HOMEOWNERS AS			name/office ad form. When rei addresses unlik reinstatement is	office address and in Idress cannot be ch Instaling, you cannot the reinstatement is s filed, the statement op.sos.ky.gov/ftsea m our website.	hanged on this I modify the i filed. Once the I of change can be
Registered Agent and Reg P.O. BOX 1178 212 NORTH SEC RICHMOND, KY 4 If the above company is includ company's information here (or FEIN: Name Principal Officers - List th	OND STREET 10475 ded in a parent company optional): e: name, address and title o	r's Kentucky tax retu	organizations must list at least or			sole officer. If not
	the principal office address.	bal office address. Corporations are required to list a Secretary or other officer serving as recor KXMEXEEXX Raymond Wiles, President		records custodian	<u>, </u>	
	AKX SSAXTANALORX					
			Andrea Wiles, Treasu			
			Amanda Jumper, Sec			<u></u>
Directors - Non-profit corporat office address.	ions must have at least three	(3) directors. All directo Raymond Wiles	ors of the non-profit must be liste		ad, director addresse	as default to the principal
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Andrea Wiles	drea Wiles			
		Carol Fugitt				· · · · · · · · · · · · · · · · · · ·
	······································	Amanda Jumpe	er			
The above entity was admi office address in this state have been eliminated, and \$220.00, payable to Kentuc	for sixty (60) days or r the entity's name sati	nore. The undersi	igned states that the gro	unds for dis	solution either	did not exist or

dwilliams

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to THE BEAUMONT HOMEOWNERS ASSOCIATION, 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.

Χ	ling atthe	Raymond Wiles, President/Director	10-15-2020
- /	Signature of officer Or chairman of the board (Required)	Title (Required)	Date (Required)



	THE BEAUMONT H INC. P.O. BOX 718 BEREA KY 40403	OMEOWNERS ASSOCIATION,	Notice Date: KY SoS Org. ID:	October 19, 2020 0565983			
RE:		Letter of Good Standing Request - Approved					
SUMM	ARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.					
OUR D	ETERMINATION	 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 this letter to the Kentucky Secretary date above. If you are a for-profit corporation Secretary of State a letter of good s Unemployment Insurance. Their tel If you are a non-profit entity, plea returns with the Kentucky Attorney requirements website is: http://ag.ky charity/Pages/registration.aspx. 	y of State within 30 d standing from the Div ephone number is 50 se remember to file a General. The charity	ays of the notice o provide the ision of)2-564-6835. a copy of your tax filing			
CONT A	ACT MATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Bruce REV3968, Taxpayer Services Specialist II Direct: 502-564-2038					