Organization ID # 04	13784 Comm			STATE A CONTRACT OF	
State of origin K		onwealth of Kent	шску	0413784.09	amcray NPRF
Filing fee \$130.00	Alison Lunderg	an Grimes, Secr	etary of Sta	Alison Lundergan Grime	
		•		Kentucky Secretary of St	
	ł			Received and Filed: 2/1/2016 1:58 PM	
Alison Lundergan (Brimes	totomont Amplia	tion and	Fee Receipt: \$130.00	
Secretary of St		tatement Applica	ation and	-	
P. O. Box 718 Frankfort, KY 4060		statement Annua	I Report	NO I	
(502) 564-349		the years 2015 through			
http://www.sos.ky					
Exact organization na	me and principal office a	ddress		address and registered agent	
HALIFAX CON	MUNITY VOLUNTEER FIF	RE DEPARTMENT, INC.		s cannot be changed on this ing, you cannot modify the	
112 HAIFAX B			addresses until the r	einstatement is filed. Once the the statement of change can be	
SCOTTSVILL	E KY 42164			s.ky.gov/ftsearch or can be	
CHARLIE MY	Y-HALIFAX ROAD		н н н ц н н н н н н н н н н н н н н н н		
Principal Officers - Lis	t the name, address and title of all cur	rent officers. All organizations must list at rations are required to list a Secretary or	t least one (1) officer, even in other officer serving as reco	n the case of a sole officer. If not rds custodian	
Secretary	CHARLIE MYERS				
Treasurer	GREG TABOR		n (m. 1997) Marian		
Chairman	KIMBLE WILLOUGHBY			3	
Vice Chairman	DARRELL WEAVER	Han and a second se			<u></u>
Directors - Non-profit corpo	prations must have at least three (3) dire	ectors. All directors of the non-profit must	be listed. If not specified, di	rector addresses default to the prin	cipal
NOEL C OLIVER					
TIM SHOCKLEY			in and the second s		
JULIAN TABOR -	Deceased			:	
RELUS OLIVER		at the second			
GORDON WILLIAMS					

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 \$130.00, 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 HALIFAX COMMUNITY VOLUNTEER FIRE DEPARTMENT, 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.

X Corron Jalmer	Treasuer	1-26-16
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)



DANIEL P. BORK Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

February 1, 2016

HALIFAX COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC. 112 HAIFAX BAILEY RD SCOTTSVILLE KY 42164

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **HALIFAX COMMUNITY VOLUNTEER FIRE DEPARTMENT, 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,

Stephanie REVX219, Taxpayer Services Specialist I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2028 FAX# 502-564-3392

Kentucky Secretary of State organization number 0413784

