| | 40500 | | | | | | dwilliams NPRF |
|---|--|---|--|--|--|--|-------------------|
| Organization ID # 03 State of origin KY Filing fee \$130.00 | | | | - | Received and Filed: | | |
| Alison Lundergan G Secretary of Sta P. O. Box 718 Frankfort, KY 40602 (502) 564-3490 http://www.sos.ky | ate 2-0718 0 | Reinstaten | ent Application nent Annual F ars 2018 through | Report | 1/28/2019 1:37 PM Fee Receipt: \$130.00 | | |
| Exact organization nam SOUTHWESTEI 1765 WTLO RO SOMERSET KY | RN FOOTBALL | office address BOOSTERS, INC. | | The principal offic name/office addre form. When reinst addresses until the reinstatement is fil filed online at <u>app.</u> downloaded from c | ess cannot be ch ating, you cannot reinstatement is ed, the statement sos.ky.gov/ftsea | anged on this modify the filed. Once the of change can be | • |
| Registered Agent and R N1ck Hibba 2029 Pond Somerset If the above company is ind company's information here FEIN: National | rd Meadow K ^{Yr 23} 2503 luded in a parent c | | return as a disregarde | EEW (Ontion | aal) | | , |
| Principal Officers - List specified, officer addresses defau | the name, address an It to the principal office | nd title of all current officers. address, Corporations are re | All organizations must list at least equired to list a Secretary or other | one (1) officer, even | in the case of a s | sole officer. If not | |
| President | Nick Hib | | | | | | |
| Secretary | Shawna G | | | | 5 | | |
| Vice President | Alan Fis | | | | | | |
| Treasurer | April S1 | agle | | | | | |
| Directors - Non-profit corpor office address. | rations must have at le | ast three (3) directors. All dire | ectors of the non-profit must be lis | sted. If not specified, | director addresse | s default to the pr | incipal |
| Shawnal Goodwin | | | · · · · · · · · · · · · · · · · · · · | | | | <u> </u> |
| Alan Fisher | | | | | | | |
| Apri Slagle | | | | | | | |
| | | | | · · · · | | | |

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 SOUTHWESTERN FOOTBALL BOOSTERS, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

| X Tileffile | President | 1-24-19 |
|--|------------------|-----------------|
| Signature of officer er chairman of the board (Required) | Title (Required) | Date_(Required) |



LYNDON T TURPIN CPA 225 PARKERS MILL RD SOMERSET KY 42501

| Notice Date: | January 28, 2019 |
|-----------------|------------------|
| KY SoS Org. ID: | 0318586 |

| 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 | N 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. The you. Agent: Nicole REVX129, Taxpayer Services Specialist II Email: Nicole.McTiernan@ky.gov Direct: 502-564-2062 | | | | |