## Organization ID # 0793287 State of origin KY Filing fee \$130.00

## Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams 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 2020 through 2021

0793287.09

kdcoleman NPRF

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/10/2021 2:51 PM Fee Receipt: \$130.00

RST

Exact organization name and principal office address HEART AND SOUL LIFE CENTER INC PO BOX 1276 769 MUDDY GAP ROAD MANCHESTER KY 40962 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>https:</u> <u>\web.sos.ky.gov/ftsearch</u> or can be downloaded

Registered Agent and Registered Office Address

TINACARNAHAN 1750 HWY 638

MANCHESTER, KY 40962

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional); FEIN: Name:

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	1	TINA CARNAHAN	N. N.		
Treasurer	şi L	TINA CARNAHAN		主任政策的	
Vice President		TABATHA WAGERS	20 Line		
			STO MAN -	وسرائي المنتخ المعارية	

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If Not specified, director addresses default to the principal office address.

TINA CARNAHAN	
LINDA ABNER	
TABATHA WAGERS	
SISTER ALICE SCHMERSAL	
CLEA R SMITH	

The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report for the year 2020. 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 HEART AND SOUL LIFE CENTER 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.

× Clea R. Amilt	Treasurer	815/21
Signature of officer Or chairman of the board (Required)	Title (Required)	Date (Required)



HEART AND SOUL PO BOX 1276 769 MUDDY GAP RO MANCHESTER KY	DAD	Notice Date: KY SoS Org. ID:	August 10, 2021 0793287		
RE:	Letter of Good Standing Request - Approved				
SUMMARY	You requested a letter of good standing, with the Department of Revenue.	and your entity is i	in good standing		
OUR DETERMINATION	We verified the following information.				
	<ol> <li>You are registered with the Department.</li> <li>An authorized person requested this</li> <li>You filed income and LLE tax returns filing.</li> <li>You have no outstanding tax assess Collections or have a valid pay agree.</li> <li>This notice will remain current for 30 day.</li> </ol>	letter. s as required, or you ments with the Divis ment in place.	sion of		
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinstate of this letter to the Kentucky Secreta notice date above.</li> <li>If you are a for-profit corporation, Secretary of State a letter of good st Unemployment Insurance. Their tele</li> <li>If you are a non-profit entity, pleas tax returns with the Kentucky Attorn requirements website is: http://ag.ky charity/Pages/registration.aspx.</li> </ol>	ary of State within 3 you will also need anding from the Div phone number is 50 se remember to file ey General. The cha	to provide the ision of 02-564-6835. a copy of your arity filing		
CONTACT INFORMATION	If you have any questions regarding this you.	notice, please cont	act me. Thank		
	Agent: Megan REVY099, Taxpayer Services Specialist I Email: MeganD.Roberts@ky.gov Direct: 502-564-7310				