Organization ID # 1078690 State of origin Filing fee \$130

Michael G. Adams

Secretary of State

P. O. Box 718

Frankfort, KY 40602-0718

(502) 564-3490 http://www.sos.ky.gov

Commonwealth of Kentucky Michael G. Adams, Secretary of St. KY Secretary of State

1078690 Michael G. Adams Received and Filed 8/8/2023 2:50:23 PM

Fee receipt: \$130.00 Reinstatement Application and **Reinstatement Annual Report**

For the years 2022 through 2023

RST

Exact organization name and principal office address

MINORITY MENTAL HEALTH PROJECT INC 555 S.4TH STREET

#225

555 S.4TH STREET #225 **LOUISVILLE KY 40202**

Registered Agent and Registered Office Address

DAMON COBBLE 555 S.4TH STREET 225

LOUISVILLE, KY 40202

The principal office address and registered agent name/office address cannot be chang on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change will be filed.

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 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

President	DAMON COBBLE	555 S 4TH STREET LOUISVILLE KY STE. 224
Secretary	DEBORAH BARNES-BYERS	555 S. 4TH STREET LOUISVILLE STE. 224
Treasurer	FORREST CLAY	555 S. 4TH STREET LOUISVILLE STE. 224UCk

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 the principal office address.

DAMON COBBLE	555 S. 4TH STREET LOUISVILLE STE. 224
DEBORAH BARNES-BYERS	555 S. 4TH STREET LOUISVILLE STE. 224
FORREST CLAY	555 S. 4TH STREET LOUISVILLE STE. 224

The above entity was administratively dissolved on 10/4/2022 because the entity did not file its annual report for the year 2022. 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 14A3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to MINORITY MENTAL HEALTH PROJECT INC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Damon Cobble Title: Executive Director 8/8/2023

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

MINORITY MENTAL HEALTH PROJECT INC 642 S. 2ND ST. #1007 **LOUISVILLE KY, 40202**

Notice Date: August 8, 2023 KY SoS Org. ID: 1078690

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

We verified the following information.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. 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 1. 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.
 - 2. 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.
 - 3. 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. Thank you.

Agent: Megan REVY099, Taxpayer Services Specialist II

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310