mstratton 0604191.09 Organization ID # 0604191 **Commonwealth of Kentucky** NPRF State of origin KY **Alison Lundergan Grimes** Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta Kentucky Secretary of State Received and Filed: 10/7/2015 8:53 AM Fee Receipt: \$115.00 **Alison Lundergan Grimes Reinstatement Application and** Secretary of State RST P. O. Box 718 Reinstatement Annual Report Frankfort, KY 40602-0718 For the year 2015 (502) 564-3490 http://www.sos.ky.gov The principal office address and registered agent Exact organization name and principal office address name/office address cannot be changed on this SON-SHINE CHRISTIAN SOCIETY, INC. form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the P.O. BOX 1324 reinstatement is filed, the statement of change can be 266 S. LAKE DR. filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website. PRESTONSBURG KY 41653 Registered Agent and Registered Office Address PAUL E AIKEN **421 SYCAMORE HOLLOW** PRESTONSBURG, KY 41653 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 PAUL E. AIKEN President **ANNA SPEARS** Secretary Vice President RAMONA AIKEN JANICE L MALONEY Treasurer 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 JOHN MOZENA MICHAEL L MALONEY **CLYDE PORTER**

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 \$115.00, 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 SON-SHINE CHRISTIAN SOCIETY, 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.

RONALD SPEARS

'Ro icer or chairman of the board (Required) Title (Required)



THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

October 7, 2015

SON-SHINE CHRISTIAN SOCIETY, INC. P.O. BOX 1324 266 S. LAKE DR. PRESTONSBURG KY 41653

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **SON-SHINE CHRISTIAN SOCIETY, 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,

Jay REVX255, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2057 FAX# 502-564-0058

Kentucky Secretary of State organization number 0604191

