Organization ID # 0623092 State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams Kentucky Secretary of State

Received and Filed: 11/23/2020 11:04 AM Fee Receipt: \$115.00

RST

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 year 2020

Exact organization name and principal office address
KENTUCKY COLLABORATIVE FAMILY NETWORK, INC.
331 TOWNEPARK CIR STE 100
LOUISVILLE KY 402432350

Signature of officer Or chairman of the board (Required)

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 app.sos.ky.gov/ftsearch or can be downloaded from our website.

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Registered Agent an	d Registered Office Address			TIN (0 (1)	
PATRICK T.					
	MAIN STREET		Y Y		
- SUITE 1400	in the second se		= _* · · · · · · · · · ·		
LOUISVILLE			•		
If the above company is company's information I FEIN:	included in a parent company's Ker nere (optional): Name:	ntucky tax return as a di	sregard		nt
1 EIN	Tanie.				
	List the name, address and title of all currelefault to the principal office address. Corpor				
President	MISSY DEARK	,			
Secretary	BONNIE BROWN				
Treasurer	TODD WALZ		ne -		
Vice President	REBECCA SIMPSON	,	* .	90 g 5	
Directors - Non-profit coffice address.	orporations must have at least three (3) dire	ectors. All directors of the nor	n-profit must be listed.	If Not specified, director address	ses default to the principal
JOHN MAYFIELD			÷		
BONNIE BROWN		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the second	
MARK DOBBINS		* */,			
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The undersigned state	administratively dissolved on Oces that the grounds for dissolutio 273.3181. Enclosed is a check in	n either did not exist o	or have been elir	ninated, and the entity's	name satisfies the
information pertaining	ury, the below signed hereby auth to KENTUCKY COLLABORATIN nt to KRS 271B.14-220.	norizes the Kentucky /E FAMILY NETWOF	Department of R RK, INC. to the S	evenue to release any a ecretary of State, as req	pplicable tax uired for
If not an officer of said	d entity, please provide a Declara	ation of Power of Attor	ney with the Rei	nstatement Application.	, /
X Bonne	M. Brown	Secsion	tary	1//	18/2020



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

KENTUCKY COLLABORATIVE FAMILY NETWORK, Notice Date: November 20, 2020 INC. Notice Date: KY SoS Org. ID: 0623092

331 Townepark Cir Ste 100 Louisville KY 402432350

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

Agent: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310