Organization ID # 0641992 State of origin KY Filing fee \$130.00 M 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 State Reinstatement Application and Reinstatement Annual Report For the years 2021 through 2022		<b>0641992.09</b> Michael G. Adams Kentucky Secretary of State Received and Filed: 2/15/2022 10:30 AM Fee Receipt: \$130.00	
				RSI	
THE JAMES CONDOMINIUMS COUNCIL OF CO-OWNERS, INC. 1825 EASTERN PARKWAY #2 LOUISVILLE KY 40204				fice address and registered agent dress cannot be changed on this istating, you cannot modify the he reinstatement is filed. Once the filed, the statement of change can be tps:\web.sos.ky.gov\ftsearch or can rom our website.	
LOUISVILLE	IS ERN PARKWA E, KY 40204 s included in a p	Y #1 arent company's Kentucky tax return as a disregarde	iEINI (Optiz	int	
Principal Officers - specified, officer addresses of	<ul> <li>List the name, ad default to the princip</li> </ul>	dress and title of all current officers. All organizations must list at least on al office address. Corporations are required to list a Secretary or other offi	e (1) officer, eve cer serving as r	en in the case of a sole officer. If not ecords custodian	
President		SIMMS			
Vice President	JACQU	ELINE GRAY			
	<u> </u>				
office address. SARA SIMMS JIM HELERINGER	wiporations must h	ave at least three (3) directors. All directors of the non-profit must be listed			
JACQUELINE GRA	Y		1 .		
				n an ann an Anna an Ann Anna an Anna an Anna an Anna an	
The undersigned state requirements of KRS Under penalty of period	tes that the gro 273.3181. End ury, the below g to THE JAME	ly dissolved on October 18, 2021 because the entity did unds for dissolution either did not exist or have been eli closed is a check in the amount of \$130.00, payable to I signed hereby authorizes the Kentucky Department of F ES CONDOMINIUMS COUNCIL OF CO-OWNERS, INC	iminated, ar Kentucky St Revenue to	id the entity's name satisfies th ate Treasurer. release any applicable tax	
=		B. 14-220. e provide a Declaration of Power of Attorney with the Re	instatemen	t Application	
	. Ich 1.	그는 것 같은 것 같은 것 같은 것을 가지 않는 것 같은 것 같			
* Janoneyn	ermy	Vice President		[]3][072	
Signature of officer O	r chairman of the b	oard (Required) Title (Required)		Date (Required)	
Signature of officer O	•••••• •••	oard (Required)		Date (Required)	
				Date (Required)	



THE JAMES COND OWNERS, INC. 1825 EASTERN PAR LOUISVILLE KY 40		Notice Date: KY SoS Org. ID:	February 9, 2022 0641992		
RE:	Letter of Good Standing Request - Approved				
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.				
OUR DETERMINATION	<ul> <li>Ve verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> </ul>				
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>				
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Dottye REV3769, Taxpayer Specialist I Email: Dottye.Roberts@ky.gov Direct: 502-564-0102				