

Organization ID # 0290705
State of origin KY
Filing fee \$130.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State



Elaine N. Walker
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 2010 through 2011**

RST

Exact organization name and principal office address
DISABILITY RESOURCE INITIATIVE, INC.
624 EASTWOOD AVENUE
BOWLING GREEN KY 42103

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.

Registered Agent and Registered Office Address

CHARLES E. ENGLISH, JR.
P. O. BOX 770
1101 COLLEGE ST.
BOWLING GREEN, KY 421020770

FEIN (Optional)

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

Chairman	_____	MATT DAVIS	_____
Secretary	_____	LYNDA SIMPSON	_____
Vice President	_____	JANICE CHADHA	_____
Executive	_____	SHARLI POWELL ROGERS	_____

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.

JANICE CHADHA	_____	_____
LYNDA SIMPSON	_____	_____
MATT DAVIS	_____	_____
_____	_____	_____
_____	_____	_____

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 DISABILITY RESOURCE INITIATIVE, 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.

X

Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required)