Organization ID # 0204202 State of origin Filing fee \$130.00

# Commonwealth of Kentucky Michael G. Adams, Secretary of Stat

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**PRPF** 

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 9/27/2022 10:43 AM

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 Fee Receipt: \$130.00 **Reinstatement Annual Report** For the years 2021 through 2022

| Exact of | <u>rganizatio</u> | <u>in name and</u> | principal office address |
|----------|-------------------|--------------------|--------------------------|
|          |                   |                    |                          |

**URB'S GARAGE, INC. 5880 N JEFFERSON ST BURLINGTON KY 410057995**  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 https://web.sos.kv.goviftsearch or can

|   |  |   | be downloaded from our website.   |  |  |
|---|--|---|---|--|--|
|   | and Registered Office Address  |   | FEIN (Optional)   |  |  |
|   | DFORD HILLENBRAND  |   |   |  |  |
|   | ferson St  |   |   | ~ ·  |  |
| Burlington,   | is included in a parent company's Ke   |   |   | ·  |  |
| company's information                                   | n here (optional):   | antucky tax return as a disregar  |   | rent                                       |  |
| FEIN:   |  |   |   |  |  |
| specified, onicer addresses                             | <ul> <li>List the name, address and title of all customers. Corp</li> <li>default to the principal office address. Corp</li> </ul>   | rrent officers. All organizations must lis<br>orations are required to list a Secretary | at least one (1) officer, even in the or<br>or other officer serving as records c | ease of a sole officer. If not<br>istodian |  |
| President   | RYAN BRADFORD  |   |   |  |  |
| Secretary   | RYAN BRADFORD  |   |   |  |  |
|   |  |   |   |  |  |
|   |  |   |   |  |  |
| Directors - List the na<br>director addresses default t | ame And address of all directors (if applicab<br>o the principal office address.   | le).No listing of directors is verification   | that the corporation has dispensed v  | ith directors. If Not specified,           |  |
| RYAN BRADFORE   | HILLENBRAND  | <del>*************************************</del>  |   | <del></del>                                |  |
|   |  |   | ······································  |  |  |
|   |  |   |   | <del></del>                                |  |
|   |  |   |   |  |  |
|   |  |   |   |  |  |
| The above entity wa                                     | s administratively dissolved on O  | ctober 18, 2021 because the   | entity did not file its annual  | report for the year 2021.                  |  |
| requirements of KRS                                     | ates that the grounds for dissolution in the second is a check of the second in the second in the second is a check of the second in the secon | ck in the amount of \$130.00,   | payable to Kentucky State   | Treasurer.                                 |  |
| information pertainin                                   | jury, the below signed hereby aut<br>g to URB'S GARAGE, INC. to the  | Secretary of State, as require  | ed for reinstatement pursua   | ant to KRS 271B.14-220.                    |  |
| If not an officer of sa                                 | id entity, please provide a Declar   | ation of Power of Attorney wil  | h the Reinstalement Applic  | ation.                                     |  |
| V 1A  |  |   | ••  | / /  |  |
| ^ / <i>R</i> X/_  |  | 1 resident  |   | 9/12/22                                    |  |
| Signature/or officer (                                  | Or chairman of the board (Required)  | Title (Requi  | red)  | Date (Required)                            |  |



# COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 https://kewes.ky.gov UITax@KY.GOV

KRS 14A.7-030(1)(f) CERTIFICATE

The Office of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0204202



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

URB'S GARAGE, INC. 5880 N Jefferson St **Burlington KY 41005** 

Notice Date:

September 26, 2022

KY SoS Org. ID: 0204202

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: Madison REV4528, Revenue Auditor I

Email: madison.chism@ky.gov

Direct: 502-564-3047