Organization ID# 0475503 State of origin Filing fee \$175.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0475503.09

Fee Receipt: \$175.00

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/28/2022 1:50 PM

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 years 2018 through 2022

Exact organization name and principal office address

LYONS AUTO BODY INC. 246 WILSON DR **NICHOLASVILLE KY 40356**

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.ky.gov\fisearch or can be downloaded from our website.

Donistored Agent ar	nd Registered Office Address		
DAMD LYON			
246 WILSO			
	VILLE, KY 40356		
	included in a parent company's Kentu	cky tax return as a disregarde	tt
company's information			
FEIN:	Name:		
			east one (1) officer, even in the case of a sole officer. ry or other officer serving as records custodian
Secretary	VICKY LYONS	Same	Vicky Lucos
Vice President	VICKY LYONS	SAML	VICIC L'upas
President	DAVID LYONS	San	David Lubias
			Variation
2018. The undersign	ned states that the grounds for diss	solution either did not exist or have	id not file its annual report for the year been eliminated, and the entity's name 75.00, payable to Kentucky State Treasurer.
	jury, the below signed hereby authors to LYONS AUTO BODY INC. to the		Revenue to release any applicable tax or reinstatement pursuant to KRS
If not an officer of sai	id entity, please provide a Declarat	ion of Power of Attorney with the Re	einstatement Application.
x Man 2 9	hlim	11 1 Secretar	2.22 2022
Signature of officer C	or charman of the board (Required)	Title (Required)	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

Date: 02/28/2022	
LYONS AUTO BODY INC.	
Dear Sir/Madam:	

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,

Peter Travis 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 0475503

