Organization ID # 0808727 State of origin

Commonwealth of Kentucky Filing fee \$145.00 Alison Lundergan Grimes, Secretary of Sta

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

Fee Receipt: \$145.00

Alison Lundergan Grimes 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 2017 through 2019

731

Exact organization name and principal office address
CYCLE WORKS, INC.
7901 THIRD STREET ROAD
LOUISVILLE KY 40214

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 **EDWARD ANDERSON** 7901 THIRD STREET ROAD

LOUISVILLE, KY 40214

If the above company is included in a parent company's Kentucky tax return as a disregarded of company's information here (optional): FEIN: Name:

FEIN (Optional)

President	EDWARD ANDERSON			
	name and address of all directors (if a	pplicable).No listing of director	ors is verification that th	e corporation has dispensed with directors. If not specified,
EDWARD ANDE				
	•			
The undersigned s	states that the grounds for diss	solution either did not	exist or have bee	did not file its annual report for the year 2017. n eliminated, and the entity's name satisfies the able to Kentucky State Treasurer.
Under penalty of p	perjury, the below signed hereb ning to CYCLE WORKS, INC.	by authorizes the Ken to the Secretary of St	tucky Departmen ate, as required for	t of Revenue to release any applicable tax or reinstatement pursuant to KRS 271B.14-220.
if not an officer of	said entity, please provide a D	Declaration of Power of	of Attorney with th	e Reinstatement Application.
Y 51	Con lava	\circ		0 1.19

Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required)

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

Notice Date:

February 22, 2019

KY SoS Org. ID: 0808727

CYCLE WORKS, INC. 7901 THIRD STREET ROAD **LOUISVILLE KY 40214**

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.
- 3. 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: Brad REVX069, Taxpayer Services Specialist II

Email: BradleyL.Butcher@ky.gov

Direct: 502-564-2055



COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH **EMPLOYER STATUS SECTION** 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 02/22/2019
CYCLE WORKS, INC.
Dear Sir/Madam:
KRS 14A.7-030(1)(f) CERTIFICATE
The Division 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 Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0808727

