# Organization ID # 0466830 Commonwealth of Kentucky State of origin KY Filing fee \$205.00 Alison Lundergan Grimes, Secretary of S

0466830.09

vmiller PRPF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 10/3/2019 3:45 PM Fee Receipt: \$205.00

**RST** 

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 2013 through 2019

<u>Exact professional service corporation name and principal office address</u>
HOLDER AND LYKINS, P.S.C.

21 407-409 SECOND ST VANCEBURG KY 41179 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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

VANCEBURG KY 41179			reinstatement is filed, the statement of change can be filed online at <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.		
Pagistarad Agent a	nd Registered Office Addre	nee			
	RJR JOHN M. HOLDE				
407 480 CE		- A			
	RG, KY 41179				
f the above company i	s included in a parent company	's Kentucky tax retu	rn as a disregard		it e
company's information					
FEIN:	Name:				
Principal Officers	- List the name, address and title of	all current officers. All o	rganizations must list at least	one (1) officer, even in the o	ase of a sole officer. If not
	default to the principal office address.				
President	E-V-HOLDER, JR				
Secretary	JOHN M HOLDER	JOHN M HOLDER		R VANCEBULG	KY 4/179
Treasurer	E-V HOLDER JR JOHNM, HOLDOR		15982 AIR DX	L WANCOBURG K	1 4/179
√ice President	CLAYTON G LYKINS JR		120 INDIAN HILLS	UR VANCEBU	16 KY 4/179
Directors - List the na	me and address of all directors (if ap	olicable).No listing of dir			th directors. If not specified,
	o the principal office address.			· _	
E-V-HOLDER JR					
CLAYTON G LYKINS JR		120 INDIAN	HIUS CIR VANC	EBULLKI YI	779
JOHN M HOLDER		159 BELAIR D	OR VANCEBURG	128 41179	
		<i>الرحت الماحت على الماحيات</i>			
			·	<del></del>	
Shareholders - List	the name and address of the corpora	ation's shareholders. If n	ot specified, shareholder addre	esses default to the principa	I office address
EVHOLDER, JR.	and marie and address of the component	acorro orieronologo. Il II	or opposition, strain crosses accord	soco dolada to allo principa	omoo daaraaa
CLAYTON G LYKINS JR		120 INNIA	THUCCIR VA	NORING VY	11/199
JOHN M HOLDER		169 Rei DIR	10 VAAKOR DE	16 11/10	7///
JOI III III FIOLDER		13/ Dealle	K I MESING I	9///	
					No. And a Marketine Control of the C
The above entity was	s administratively dissolved of	on September 28,	2013 because the enti	ty did not file its annu	ial report for the year
2013. The undersign	ed states that the grounds for	or alssolution either	er did not exist or have	been eliminated, and	I the entity's name
	nents of KRS 271B.14-210. I				
Under penalty of perj nformation pertaining 271B.14-220.	jury, the below signed hereb g to HOLDER AND LYKINS,	y authorizes the K P.S.C. to the Sec	entucky Department o retary of State, as requ	f Revenue to release uired for reinstatemen	any applicable tax nt pursuant to KRS
	3	t			
Thot an officer of sa	id entity, please provide a Do	eciaration of Powe	or of Attorney with the F	Reinstatement Applic	ation.
X //	1 h	5	CRETARY/TRE	BURER	9/30/2019
Signature of officer of	or chairman of the board (Required)		Title (Réquired)		/ Date (Required)
1/	Certifi	cate of Profession	nal Service Corporat	ion	
, president of said co	orporation, certify that all the				ers other than secretary

I, president of said corporation, certify that all the shareholders, not less than half of the directors, and all officers other than secretary and treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 and a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate.

I hereby certify that I am authorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct as of today.

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

October 2, 2019

0466830

502-564-0058 Fax:

Notice Date:

KY SoS Org. ID:

HOLDER AND LYKINS, P.S.C. 21 SECOND ST VANCEBURG KY 41179

Letter of Good Standing Request - Approved

**SUMMARY** 

RE:

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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310



## 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: 10/02/2019
HOLDER AND LYKINS, P.S.C.
Dear Sir/Madam:
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,

Tara Welch
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 0466830

