Organization ID # 0922331 Commonwealth of Kentucky State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St. Kentucky Secretary of State

0922331.06

vmiller LRPF

Received and Filed: 4/30/2019 3:13 PM Fee Receipt: \$130.00

Reinstatement Application and **Reinstatement Annual Report** For the years 2018 through 2019

RST

Exact limited liability company name and principal office address IRON WORX LIMITED LIABILITY COMPANY 115 COLLISION CENTER DR **FRANKFORT KY 406013883**

Alison Lundergan Grimes

Secretary of State

P. O. Box 718

Frankfort, KY 40602-0718

(502) 564-3490 http://www.sos.ky.gov

> 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

	downloaded from our website.				
Registered Agent and Regist	ered Office Address		THE RESERVE		
Julie M Curtsinger					
115 COLLISION CENT	TER DR				
Frankfort, KY 40601					
If the above company is included in		ky tax return as a dis	regarde		
company's information here (optio FEIN: Name:			"		
					
Members - List the name and addre	ess of the limited liability company's	members. If not specified	i addresses default	to the LLC's principal office	e address Member-managed
LLCs are not required to list their member	'8.		.,		datioo
BILLIE JO SHAVER					
JULIE LOU CURTSINGER					
			1		·
					
				 	
The above entity was administr The undersigned states that the requirements of KRS 275.295.	e grounds for dissolution ei	ther did not exist o	r have been eli	minated, and the en	tity's name satisfies the
Under penalty of perjury, the be information pertaining to Iron W 271B.14-220.	elow signed hereby authorize VorX Limited Liability Comp	zes the Kentucky D any to the Secreta	Department of F ry of State, as	Revenue to release a required for reinstate	any applicable tax ement pursuant to KRS
If not an officer of said entity	ease provide a Declaration	of Power of Attorn	nev with the Re	instatement Applica	tion.
\mathbf{x} \mathbf{A} . \mathbf{A} :	tha	ℓ		er e	1/20/19
Signature of member or man	lager (Required)	Titl	e (Required)		Date (Required)

Website: www.revenue.kv.gov

Phone: 502-564-8139 502-564-0058 Fax:

Iron WorX Limited Liability Company 115 COLLISION CENTER DR **Frankfort KY 406013883**

Notice Date: April 30, 2019 KY SoS Org. ID: 0922331

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: Bruce REV3968, Taxpayer Services Specialist II

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038