| Received and Filed: |
|--|
| nent Application and ment Annual Report ears 2017 through 2018 |
| ddress 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 <u>app.sos.ky.gov/fisearch</u> or can be downloaded from our website. |
| FEIN (Optional) return as a disregarde |
| |

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Falcon Auto Sales & Collision Center LLC to the Secretary of State, as required for reinstatement pursuant to KRS 2718,14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

| X Mr. | ouner | 1-19-18 |
|---|------------------|-----------------|
| Signature of nember or manager (Required) | Title (Required) | Date (Required) |



| Falcon Auto Sales & (1567 Old Louisville R Bowling Green KY 42 | d | Notice Date: KY SoS Org. ID: | February 6, 2018 0954260 |
|---|---|---|---|
| RE: | <i>Letter of Good Standing Request - Approved</i> You requested a letter of good standing, and your entity is in good standing with the Department of Revenue. | | |
| SUMMARY | | | |
| OUR DETERMINATION | We verified the following informat You are registered with the Dep An authorized person requested You filed income and LLE tax from filing. You have no outstanding tax as Collections or have a valid pay This notice will remain current for | partment of Revenue. d this letter. returns as required, or ssessments with the Di agreement in place. | ivision of |
| WHAT YOU NEED TO DO | If you are attempting to reins copy of this letter to the Kentuc of the notice date above. If you are a for-profit corpora the Secretary of State a letter of Unemployment Insurance. The If you are a non-profit entity, your tax returns with the Kentu filing requirements website is: I consumerprotection/charity/Page | ation, you will also ne f good standing from t ir telephone number is please remember to f icky Attorney General http://ag.ky.gov/family | within 30 days eed to provide the Division of s 502-564-6835. iile a copy of . The charity |
| CONTACT INFORMATION | If you have any questions regarding you. Agent: Ramon REV4636, Taxpaye Email: Ramon.Juanso@ky.gov Direct: 502-564-2169 | | |