Organization ID # 01 State of origin KY Filing fee \$115.00	COMBINITIER	nes, Secretary of S Alison Lundergan Grimes
Alison Lundergan G Secretary of Sta	ate Reinstatemer	Kentucky Secretary of State Received and Filed: 10/30/2018 12:27 PM Fee Receipt: \$115.00
P. O. Box 718 Frankfort, KY 40602 (502) 564-349 http://www.sos.ky	0 Reinstateme For th	nt Annual Report Rolling Rolli
		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/ftsearch</u> or can be downloaded from our website.
JOHN A LANNIN 7515 CAMBRID CRESTWOOD,	GE DRIVE KY 40014 luded in a parent company's Kentucky tax returr o (optional):	FEIN (Optional)
Principal Officers - List specified, officer addresses defau	the name, address and title of all current officers. All org It to the principal office address. Corporations are required	panizations must list at least one (1) officer, even in the case of a sole officer. If not I to list a Secretary or other officer serving as records custodian
Treasurer	JOHN A. LANNING	· · · · · · · · · · · · · · · · · · ·
Secretary	CLIFF TIBBITTS	
President	MASON SHIELDS	
Directors - Non-profit corpo office address.	rations must have at least three (3) directors. All directors	of the non-profit must be listed. If not specified, director addresses default to the principal
JOHN LANNING		
MASON SHIELDS		······································
CLIFF TIBBITTS	······································	

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 273.3181. Enclosed is a check in the amount of \$115.00, 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 DERBY CITY CORVAIR CLUB, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

Signature of officer or chairman of the	HSURER Title (Required)	· · · · · · · · · · · · · · · · · · ·	-2018 equired)
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DERBY CITY CORVAIR CLUB, INC. 7515 CAMBRIDGE DRIVE CRESTWOOD KY 40014 Notice Date: October 30, 2018 KY SoS Org. ID: 0119492

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. You are registered with the Department of Revenue. 		
	 An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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 I Email: Bruce.Owens@ky.gov Direct: 502-564-2038		