

Organization ID # 0511193

State of origin KY

Filing fee \$340.00

# Commonwealth of Kentucky

## Alison Lundergan Grimes, Secretary of State

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PRPF

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
7/5/2018 8:44 AM  
Fee Receipt: \$340.00

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 2003 through 2018

**Exact organization name and principal office address**

**COLLISION TECHNICIAN'S, INC.  
25 EAST 11TH STREET  
BOWLING GREEN KY 42101**

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

MICHAEL S. KEEN  
25 EAST 11TH STREET  
BOWLING GREEN, KY 42101

**FEIN (Optional)**

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

FEIN: \_\_\_\_\_ Name: \_\_\_\_\_

**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Vice President	<u>GARY CONLEY</u>	_____	_____
President	<u>MICHAEL S. KEEN</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Directors** - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above entity was administratively dissolved on November 1, 2003 because the entity did not file its annual report for the year 2003. 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 271B.14-210. Enclosed is a check in the amount of \$340.00, 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 COLLISION TECHNICIAN'S, 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.

X *Michael Keen* \_\_\_\_\_ *President* \_\_\_\_\_ *6-28-2018* \_\_\_\_\_  
 Signature of officer or chairman of the board (Required) Title (Required) Date (Required)



**KENTUCKY DEPARTMENT OF REVENUE**  
**DIVISION OF CORPORATION TAX**  
501 HIGH STREET, STATION 52  
FRANKFORT, KENTUCKY 40601-2103

Website: [www.revenue.ky.gov](http://www.revenue.ky.gov)  
Phone: 502-564-8139  
Fax: 502-564-0058

**COLLISION TECHNICIAN'S, INC.**  
**927 PAYNE ST**  
**BOWLING GREEN, KY 42101**

Notice Date: July 5, 2018  
KY SoS Org. ID: 0511193

**RE:** *Letter of Good Standing Request - Approved*

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**SUMMARY** You requested a letter of good standing, and your entity is in **good standing** with the Department of Revenue.

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**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.

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**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>.

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**CONTACT INFORMATION** If you have any questions regarding this notice, please contact me. Thank you.

Agent: Ramon REV4636, Taxpayer Services Specialist I  
Email: [Ramon.Juanso@ky.gov](mailto:Ramon.Juanso@ky.gov)  
Direct: 502-564-2169

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**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: 07/02/2018

COLLISION TECHNICIAN'S, 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,

Chad Atha  
Division of Unemployment Insurance  
275 East Main Street, 2-EH  
Frankfort, Kentucky 40621  
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0511193