Organization ID # 0951002 Commonwealth of Kentucky
State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 6/11/2018 1:32 PM Fee Receipt: \$130.00

Reinstatement Application and Reinstatement Annual Report
For the years 2017 through 2018

RST

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Exact limited liability company name and principal office address

SAFARI FOOD MARKET LLC 1316 CENTRAL AVE FRNT LOUISVILLE KY 40208 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.

Registered Agent and Registered Office A	<u>iddress</u>	FEIN (O atta	
HAWO TASIR			
1316 CENTRAL AVE FRNT			
LOUISVILLE, KY 40208			
If the above company is included in a parent comcompany's information here (optional):	pany's Kentucky tax return as a di	sregarde	
FEIN: Name:			
Managers - List the name and address of the limited	liability company's managers. If not specif	ied, addresses default to the LLC's pri	incipal office address.
HAWO TASIR	1316 Central Pan	e Frnt. Louisville	K4 40208
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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 SAFARI FOOD MARKET LLC 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	HAWA	TASIR	MENBER	5/30/2012
-	Signature of memb	er or manager (Required)	Title (Required)	Date (Required)

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

502-564-0058 Fax:

SAFARI FOOD MARKET LLC 1316 CENTRAL AVE FRNT **LOUISVILLE KY 40208**

Notice Date: June 11, 2018 KY SoS Org. ID: 0951002

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: Ramon REV4636, Taxpayer Services Specialist I

Email: Ramon.Juanso@ky.gov

Direct: 502-564-2169