			0962706.09	vmiller PRPF
Organization ID # 0962 State of origin KY Filing fee \$115.00		alth of Kentucky rimes, Secretary of Sta	Alison Lundergan Grimes Kentucky Secretary of Sta Received and Filed: 11/15/2019 1:20 PM Fee Receipt: \$115.00	
Alison Lundergan Gri Secretary of State P. O. Box 718 Frankfort, KY 40602-0 (502) 564-3490 http://www.sos.ky.go	718 Reinstatem For	ent Application and nent Annual Report the year 2019	RST	
<u>Exact organization name</u> YOGI MINIMART 6620 SIX MILE LN LOUISVILLE KY 4		name/office addres: form. When reinstati addresses until the re reinstatement is filed	address and registered agent s cannot be changed on this ng, you cannot modify the sinstatement is filed. Once the , the statement of change can be <u>s,ky.gov/ftsearch</u> or can be website.	
company's information here (c FEIN: Name	Apt 5 22 ed in a parent company's Kentucky tax r ptional): ::			
specified, officer addresses default to	e name, address and title of all current officers. the principal office address. Corporations are re ADARSH PATEL	All organizations must list at least one (1) officer, even in quired to list a Secretary or other officer serving as reco 211 Marksfield LOUI(VIIIE, KY	n the case of a sole officer. If not rds custodian (iv APE 5 40222	- -
Directors - List the name And director addresses default to the prin		I directors is verification that the corporation has dispen	sed with directors. If Not specified,	
The undersigned states that	t the grounds for dissolution either d	2019 because the entity did not file its an id not exist or have been eliminated, and t imount of \$115.00, payable to Kentucky S	the entity's name satisfies the	-
Under penalty of perjury, th information pertaining to YC	e below signed hereby authorizes th OGI MINIMART Inc to the Secretary of	e Kentucky Department of Revenue to rel of State, as required for reinstatement pur	ease any applicable tax suant to KRS 271B.14-220.	
	y, please provide a Declaration of Po	ower of Attorney with the Reinstatement A President	pplication.	
<u>X</u>		141047		•

Signature of officer Or chairman of the board (Required)

Title (Required)

.

Date (Required)



YOGI MINIMART Inc 6620 Six Mile Ln Louisville KY 40218 Notice Date: November 15, 2019 KY SoS Org. ID: 0962706

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: Megan REVY099, Taxpayer Services Specialist I Email: MeganD.Roberts@ky.gov Direct: 502-564-7310	



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 11/15/2019

YOGI MINIMART Inc

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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,

Richard Lemay Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0962706

