Organization ID # 0233615 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S

0233615.09

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 2/26/2013 2:22 PM

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

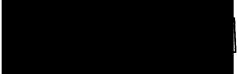
Reinstatement Application and Fee Receipt: \$130.00 **Reinstatement Annual Report** For the years 2012 through 2013

Exact organization name and principal office address S.A.B., INC. 11610 SHELBYVILLE RD. **LOUISVILLE KY 40243**

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 Address

SHARON J ALLEN 7422 WYCLIFFE DR PROSPECT, KY 40059



		icers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not are required to list a Secretary or other officer serving as records custodian
Secretary	SHARON J ALLEN	
President	WILLIAM V ALLEN JR	
Treasurer	SHARON J ALLEN	
	name and address of all directors (if applicable). No list to the principal office address.	sting of directors is verification that the corporation has dispensed with directors. If not specified,
JAMES 1	9/10 N	
Debarah	L CO/115	
2012. The undersign	gned states that the grounds for dissoluti	ber 11, 2012 because the entity did not file its annual report for the year on either did not exist or have been eliminated, and the entity's name s a check in the amount of \$130.00, payable to Kentucky State Treasurer.
		es the Kentucky Department of Revenue to release any applicable tax ate, as required for reinstatement pursuant to KRS 271B.14-220.
If not an office of	said entity, please provide a Declaration	of Power of Attorney with the Reinstatement Application.



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

February 26, 2013

S.A.B., INC. 11610 SHELBYVILLE RD. LOUISVILLE KY 40243

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **S.A.B.**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Dustin Rose, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2099 FAX# 502-564-3392

Kentucky Secretary of State organization number 0233615





EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Dear Sir/Madam:

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 02/21/2013			
S.A.B., INC.			

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,

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

Kentucky Secretary of State organization number 0233615

