Organization ID # 0048917 State of origin KY	Commonwealth of Kentucky			
Filing fee \$130.00 Michael G. Adams, Secretary of State		or State	0048917.09	dwilliam RS
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490	Reinstatement Application and Reinstatement Annual Report For the years 2021 through 2022		Michael G. Adams Kentucky Secretary of Received and Filed: 4/7/2022 11:55 AM Fee Receipt: \$130.00	
http://www.sos.ky.gov				
Exact organization name and prin SKYWAY BEVERAGE SHOI 2216 HIKES LN LOUISVILLE KY 40218220	PPE, INC.	agent name/offic on this form. We modify the address filed. Once the re statement of char	fice address and registered the address cannot be changed then reinstating, you cannot sses until the reinstatement is instatement is filed, the nge can be filed online at <u>https:</u> <u>Intsearch</u> or can be downloaded	
Registered Agent and Registered	Office Address	FEIN (Option	nal)	
JAMES P MASTICOLA 2216 HIKES LN.				
company's information here (optional):	arent company's Kentucky tax return as a disregarded entity	or a subsidiary	, please provide the parent	
Principal Officers - List the name, a If not specified, officer addresses default to	ddress and title of all current officers. All organizations must list at the principal office address. Corporations are required to list a Secret	least one (1) offic ary or other office	er, even in the case of a sole of er serving as records custodian	fficer.
	ETH B MASTICOLA			
Directors - List the name And address of specified, director addresses default to the pr	of all directors (if applicable).No listing of directors Is verification that incipal office address.	t the corporation h	as dispensed with directors. If N	lot
2021. The undersigned states that	ely dissolved on October 18, 2021 because the entity the grounds for dissolution either did not exist or have 271B.14-210. Enclosed is a check in the amount of \$	e been elimina	ated, and the entity's nam	e

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to SKYWAY BEVERAGE SHOPPE, 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.

owner Signature of ficer 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

www.revenue.ky.gov 502-564-8139 502-564-0058

SKYWAY BEVERAGE SHOPPE, INC 2216 HIKES LN LOUISVILLE, KY 40218	Notice Date: KY SoS Org. No.:	April 6, 2022 48917

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. 		
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: MEGAN ROBERTS, REVY099 Email: MEGAND.ROBERTS@ky.gov Direct: 502-564-7310		

COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 500 MERO ST, 4 SC FRANKFORT, KY 40601-1987 (502) 564-2272 FAX: (502) 564-5442 https://kewes.ky.gov UITax@KY.GOV

Date: 4/6/2022

Skyway Beverage Shoppe 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,

Peter Travis

Office of Unemployment Insurance 500 Mero Street, 4 SC Frankfort, Kentucky 40601-1987 Phone: (502) 564-2272 FAX: (502) 564-5442

INMEDIATAMENTE: Si necesario, por favor de ir a la oficina de Kentucky Career Center, si necesita asistencia para traducir y entender lainformación contenida en el documento(s) que recibió, puede encontrar su oficina local en: www.kentuckycareercenter.com

