Organization ID # 0625519 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 12/2/2015 8:03 AM

Fee Receipt: \$115.00

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 year 2015

Exact organization name and principal office address

AMBA MAA INC. 4456 DECOURSEY AVE. **COVINGTON KY 41015**

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

VARAKANTAM S. REDDY 413 BUTTERMILK PIKE FT. MITCHELL, KY 41017



President	DEEPIKA V REDDY				
Vice President	VARAKANTAM S RED	DY			
Directors - List the nar director addresses default to		ble).No listing of directors is verification th	nat the corporation has dispensed with directors	s. If not specified,	
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				· 	
2015. The undersigned	ed states that the grounds for d	lissolution either did not exist or	ne entity did not file its annual repor r have been eliminated, and the ent of \$115.00, payable to Kentucky S	tity's name	
			nent of Revenue to release any apprecinstatement pursuant to KRS 27		
If not an officer of said	eptity, please provide a Decla	aration of Power of Attorney wit	h the Reinstatement Application.		
X	Weday	Secreta	y 12	111956	

Signature of officer or chairman of the board (Required)

Title (Required) Date (Required)



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: 12/02/2015
AMBA MAA 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,
Richard Lemay Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272



Kentucky Secretary of State organization number 0625519



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

December 1, 2015

AMBA MAA INC. 4456 DECOURSEY AVE. COVINGTON KY 41015

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **AMBA MAA INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Holly REVX186, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7263 FAX# 502-564-0058

Kentucky Secretary of State organization number 0625519

