Organization ID # 0684724 State of origin KY Filing fee \$115.00 Alison	Commonwealth of Kentucky n Lundergan Grimes, Secretary o	of S [.]	0684724.09 mstratton PRPF Alison Lundergan Grimes	
Alison Lundergan Grimes Secretary of State P. O. Box 718	Reinstatement Application and		Kentucky Secretary of State Received and Filed: 11/18/2015 2:27 PM Fee Receipt: \$115.00	
Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Annual Repo For the year 2015	ort		
Exact organization name and pr KARBS INC. P.O. D OX 36143 LOUISVILLE KY 40233	name/o form. V address reinstat filed onl	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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.		
Registered Agent and Registere JAMES ROY PIERCE 420 SPRING FARM TRA SHEPHERDSVILLE, KY	IL			
specified, officer addresses default to the princip	Iress and title of all current officers. All organizations must list at least one (1) o al office address. Corporations are required to list a Secretary or other officer se			

Directors - List the name and address of all directors (if applicable).No listing of directors is verification that the corporation has dispensed with directors. If not specified,

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 271B.14-210. Enclosed is a check in the amount of \$115.00, 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 KARBS 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.

director addresses default to the principal office address.

Respe 11-13-1 Х Date (Required) Signature of officer of chairman of the board (Required) Title (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 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 11/18/2015

KARBS 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 0684724





THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

November 18, 2015

KARBS INC. P.O. BOX 36143 LOUISVILLE KY 40233

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **KARBS 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,

Nicole REVX129, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0684724

