Organization ID# 0639930 State of origin

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

0639930.09

balimonos **PRPF**

Alison Lundergan Grimes

Received and Filed: 2/24/2014 2:00 PM Fee Receipt: \$130.00

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 years 2013 through 2014

RST

Exact organization name and principal office address SSY OIL, INC. 1775 HEMBREE ROAD **ALPHARETTA GA 30009**

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

JAIPAL GILL 10407 TAYLORSVILLE ROAD LOUISVILLE, KY 40299



Principal Officers specified, officer addresses	- List the name, address and title of all cur default to the principal office address. Corpo	rrent officers. All organizations must list at least one (1) officer, orations are required to list a Secretary or other officer serving a	even in the case of a sole officer. If not as records custodian
President	JAIPAL GILL		
	me and address of all directors (if applicable to the principal office address.	le).No listing of directors is verification that the corporation has a	dispensed with directors. If not specified,
			
2013. The undersign	ed states that the grounds for dis	eptember 28, 2013 because the entity did not fil ssolution either did not exist or have been elimin osed is a check in the amount of \$130.00, payal	ated, and the entity's name
Under penalty of perj information pertaining	jury, the below signed hereby aut g to SSY OIL, INC. to the Secreta	thorizes the Kentucky Department of Revenue to ary of State, as required for reinstatement pursu	o release any applicable tax ant to KRS 271B.14-220.
If not an officer of sa	id entity, please provide a Declar	ation of Power of Attorney with the Reinstateme	ent Application.
X	benel	PRESIDENT	2/16/14
Signature of officer	of chairman of the beard (Required)	Title (Required)	Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

February 24, 2014

SSY OIL, INC. 3836 STEWART ROAD UNIT A DORAVILLE, GA. 30340

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SSY OIL, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

M. L. Parker, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7253 FAX# 502-564-0058

Kentucky Secretary of State organization number 0639930





EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

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

Buddy Hoskinson Executive Director

Date: 02/24/2014				
SSY OIL, INC.				
Dear Sir/Madam:				
	KRS 14A.7-0	30(1)(f) CERTIFIC	CATE	

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,

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

Kentucky Secretary of State organization number 0639930

