Organization ID # 0654642 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 8:02 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 SHIVIKA INC **413 BUTTERMILK PIKE** FT. MITCHELL KY 41017

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 Secretary Directors - List the name	DEEPIKA V RED VARAKANTA S.F				-
Directors - List the name					
					11
rector addresses detaill to the	and address of all directors (i principal office address.	f applicable).No listing of direc	tors is verification tha	t the corporation has dispense	ed with directors. If not specified,
Todas additional and					
					
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			a Sh		
					innual report for the year
015. The undersigned					
auslies the requiremen	IS 01 KRS 27 1B. 14-21	U. Enclosed is a check	in the amount o	i \$115.00, payable to	Kentucky State Treasure
					ase any applicable tax
formation pertaining to	SHIVIKA INC to the S	Secretary of State, as i	equired for reins	statement pursuant to	KŖS 271B.14-220.
not an officer of said	ntity, please provide a	Declaration of Power	of Attorney with	the Reinstatement Ap	plication.
v	18/2		<i></i>	_	1211/201
<u>X</u>	air nan of the board (Required	<u> </u>	Secret (any	12112



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
SHIVIKA 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 0654642



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

December 1, 2015

SHIVIKA INC 413 BUTTERMILK PIKE FT. MITCHELL KY 41017

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SHIVIKA 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 0654642





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