Organization ID # 0719145 Commonwealth of Kentucky State of origin Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta Kentucky Secretary of State

0719145.09

dcornish **PRPF**

Alison Lundergan Grimes

Received and Filed: 7/8/2014 9:39 AM 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 SHREEJIBAPA FOOD MART, INC. **4201 RICHARDSON RD INDEPENDENCE KY 41051**

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

SHASHIK PATEL 4201 RICHARDSON RD INDEPENDENCE, KY 41051



President	SHASHIK B PATEL			
	name and address of all directors (if applicable it to the principal office address.	e). No listing of directors is verification to	nat the corporation has dispensed with directors. If not	specified,
and coop delac	in to the principal differ and see.			
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· · · · · · · · · · · · · · · · · · ·			32.80	
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2013. The undersign	gned states that the grounds for dis	solution either did not exist o	he entity did not file its annual report for the have been eliminated, and the entity's not \$130.00, payable to Kentucky State T	ame
Under penalty of p nformation pertain 271B.14-220.	erjury, the below signed hereby authing to SHREEJIBAPA FOOD MAR	horizes the Kentucky Departi T, INC. to the Secretary of St	ment of Revenue to release any applicable ate, as required for reinstatement pursua	e tax nt to KR
If not an officer of	said entity, please provide a Declar	ation of Power of Attorney wil	h the Reinstatement Application.	. 14
\mathbf{x}	1.76 L	PKESIN	7-3	5/10
Signature of office	er or chairman of the board (Required)	Title (Requi	red) Date (Req	uired)



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: 07/08/2014

SHREEJIBAPA FOOD MART, 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,

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 0719145





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

July 7, 2014

SHREEJIBAPA FOOD MART, INC. 4201 RICHARDSON RD INDEPENDENCE KY 41051

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SHREEJIBAPA FOOD MART, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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 0719145

