

Organization ID # 0897749
State of origin KY
Filing fee \$145.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0897749.06 mstratton LRP
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
2/20/2017 1:05 PM
Fee Receipt: \$145.00

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 2015 through 2017

Exact limited liability company name and principal office address

YOGI SUBS LLC
385 VIOLET DRIVE
CRITTENDEN KY 41030

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

KRISHNA PATEL
385 VIOLET DRIVE
CRITTENDEN, KY 41030

FEIN (Optional)

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: _____ Name: Krishna Patel

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address. Member-managed LLCs are not required to list their members.

<u>Krishna Patel</u>	<u>204 Coesview Ln</u>	<u>Williamstown, KY 41097</u>
<u>Teja Patel</u>	<u>204 Coesview Ln</u>	<u>Williamstown, KY 41097</u>

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 275.295. Enclosed is a check in the amount of \$145.00, 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 Yogi Subs LLC 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.

Please indicate the county in which your business operates:
County: GOCNT

To complete the following, please shade the box completely.

Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input checked="" type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran-Owned <input type="checkbox"/> Minority-Owned
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Please indicate which of the following best describes your business:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining	<input type="checkbox"/> Services	<input type="checkbox"/> Construction
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Public Administration	<input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services		
<input checked="" type="checkbox"/> Other			

X KB Patel _____ A.M. _____ 02.20.17.
Signature of member or manager (Required) Title (Required) Date (Required)



DANIEL P. BORK
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

February 20, 2017

Yogi Subs LLC
385 VIOLET DRIVE
CRITTENDEN KY 41030

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Yogi Subs LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-2169
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0897749