Organization ID # 0678961 State of origin Filing fee

KY

Commonwealth of Kentucky \$115.00 Elaine N. Walker, Secretary of State 0678961.09

bschell **PRPF** 

Elaine N. Walker, Secretary of State

Received and Filed: 10/26/2011 3:16 PM Fee Receipt: \$115.00

Elaine N. Walker 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 2011

**RST** 

**Exact organization name and principal office address BHAGVATI INC** 2332 CROSS CREEK TRACE **LEXINGTON KY 40509** 

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** 

**LALITA PATEL** 2332 CROSS CREEK TRECE **LEXINGTON, KY 40509** 



|  |                                    | ent officers. All organizations must list at least one (1) officer, ever<br>ations are required to list a Secretary or other officer serving as re               |   |
|--|------------------------------------|--|---|
| President  | LALITA PATEL                       |  |   |
| Vice President   | REENA RANI                         |  |   |
| Directors - List the nam director addresses default to t |                                    | ).No listing of directors is verification that the corporation has dispe   | ensed with directors. If not specified, |
| LALITA PATEL   |                                    |  |   |
| REENA RANI   |                                    |  |   |
|  |                                    |  |   |
|  |                                    |  |   |
|  |                                    |  | - <u>-</u>                              |
| 2011. The undersigne                                     | d states that the grounds for diss | ptember 10, 2011 because the entity did not file it<br>solution either did not exist or have been eliminate<br>sed is a check in the amount of \$115.00, payable | ed, and the entity's name               |
|  |                                    | norizes the Kentucky Department of Revenue to rearry of State, as required for reinstatement pursua  |   |
| If not an officer of said                                | entity, please provide a Declara   | tion of Power of Attorney with the Reinstatement   | Application.                            |
| X Signature of officer or                                | Abelinan of the board (Required)   | PDCS DEWT Title (Required)   | Date (Regular)                          |



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

October 26, 2011

BHAGVATI INC 2332 CROSS CREEK TRACE LEXINGTON KY 40509

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BHAGVATI INC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

Frankie Eden, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7394 FAX# 502-564-3392

Kentucky Secretary of State organization number 0678961





## 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 Joseph U. Meyer Secretary

William Monterosso Executive Director

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,

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

Kentucky Secretary of State organization number 0678961

