Organization ID# 0854762 Commonwealth of Kentucky State of origin KY Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

0854762.09

amcray PRPF

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 3/7/2017 11:19 AM Fee Receipt: \$130.00

The principal office address and registered agent

name/office address cannot be changed on this

form. When reinstating, you cannot modify the

RST

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 2016 through 2017

Exact organization name and principal office address PETRA CUISINE INC. 1 LEVEE WAY STE 1113

addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be **NEWPORT KY 41071** filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

ABDEL ALSHEYYAB 1 LEVEE WAY STE 1113 NEWPORT, KY 41071

Principal Officer specified, officer address	S - List the name, address and title of all cur es default to the principal office address. Corpo	rent officers. All organizations must list at least one (1) officer, even rations are required to list a Secretary or other officer serving as rec	in the case of a sole officer. If not cords custodian
President	ABDEL ALSHEYYAB		
	name and address of all directors (if applicable	e).No listing of directors is verification that the corporation has dispe	nsed with directors. If not specified,
The undersigned s	tates that the grounds for dissolution	ctober 1, 2016 because the entity did not file its and either did not exist or have been eliminated, and ck in the amount of \$130.00, payable to Kentucky	the entity's name satisfies the
Under penalty of p information pertain	erjury, the below signed hereby aut ing to PETRA CUISINE Inc. to the s	horizes the Kentucky Department of Revenue to re Secretary of State, as required for reinstatement p	elease any applicable tax ursuant to KRS 271B.14-220.
If not an officer of	said entity, please provide a Declara	ation of Power of Attorney with the Reinstatement	Application.
* Hhd		PRESIDENT	1/24/17
Signature of office	er or chairman of the board (Required)	Title (Required)	Date (Required)



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: 03/06/2017
PETRA CUISINE 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 0854762



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

March 6, 2017

PETRA CUISINE Inc. 1 LEVEE WAY STE 1113 NEWPORT KY 41071

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PETRA CUISINE Inc.** 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Rada REV6015, Taxpayer Services Specialist II Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7336 FAX# 502-564-3392

Kentucky Secretary of State organization number 0854762

