Organization ID # 0486072 Commonwealth of Kentucky State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

0486072.09

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 10/4/2016 10:50 AM Fee Receipt: \$130.00

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 2015 through 2016

Exact organization name and principal office address
S.A.B. ENTERPRISES, INC.
617 PEACEFUL WAY
SHEPHERDSVILLE KY 40165

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

SHAWN A. BRYAN 617 PEACEFUL WAY SHEPHERDSVILLE, KY 40165



		ent officers. All organizations must list at least one (1) officer, ever ations are required to list a Secretary or other officer serving as re	
Sole Officer	SHAWN BRYAN		
Directors - List the name and director addresses default to the p		No listing of directors is verification that the corporation has dispose	ensed with directors. If not specified,
2015. The undersigned st	tates that the grounds for diss	otember 12, 2015 because the entity did not file it olution either did not exist or have been eliminate sed is a check in the amount of \$130.00, payable	ed, and the entity's name
Under penalty of perjury, information pertaining to 271B.14-220.	the below signed hereby auth S.A.B. ENTERPRISES, INC. to	orizes the Kentucky Department of Revenue to re o the Secretary of State, as required for reinstate	elease any applicable tax ement pursuant to KRS
If not an officer of said en	tity, please provide a Declarat	tion of Power of Attorney with the Reinstatement	Application.
X Shaw	rman of the board (Required)	PRES Title (Required)	9/21/16 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: 10/04/2016 S.A.B. ENTERPRISES, 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,

Matthew Justice Division of Unemployment Insurance 275 East Main Street, 2-EI Frankfort, Kentucky 40621

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0486072





DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

October 4, 2016

S.A.B. ENTERPRISES, INC. 617 PEACEFUL WAY SHEPHERDSVILLE KY 40165

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **S.A.B. ENTERPRISES, 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,

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 0486072

