Organization ID # 0544176 State of origin Filing fee

**Commonwealth of Kentucky** \$130.00 Elaine N. Walker, Secretary of State

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mstratton **PRPF** 

Elaine N. Walker, Secretary of State

Received and Filed: 9/13/2011 2:22 PM Fee Receipt: \$130.00

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 years 2010 through 2011

RST

**Exact organization name and principal office address** 

AB RED SERVICE INC 4629 KNOPP AVE. **LOUISVILLE KY 40213**  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

REN EVANS



specified, officer addresse Sole Officer	s default to the principal office address. Corpo REN N/A EVANS	rations are required to list a Secretary or other officer serving as records custodian
	TET WIT EVINO	
Directors - List the n	ame and address of all directors (if applicable	s). No listing of directors is verification that the corporation has dispensed with directors. If not specified,
	to the principal office address.	
		: -
2010. The undersign	ned states that the grounds for dis	ovember 2, 2010 because the entity did not file its annual report for the year solution either did not exist or have been eliminated, and the entity's name used is a check in the amount of \$130.00, payable to Kentucky State Treasurer
Inder penalty of pe	rjury, the below signed hereby aut	horizes the Kentucky Department of Revenue to release any applicable tax e Secretary of State, as required for reinstatement pursuant to KRS

Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required) (



## 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

Date: 09/13/2011

AB RED SERVICE 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,

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 0544176





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

September 13, 2011

AB RED SERVICE INC 4629 KNOPP AVE. LOUISVILLE KY 40213

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **AB RED SERVICE 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,

Christopher Southworth, Revenue Auditor Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7376 FAX# 502-564-3392

Kentucky Secretary of State organization number 0544176

