Organization ID # 0887377 Commonwealth of Kentucky
State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

0887377.06

mstratton LRPF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 11/16/2016 7:39 AM Fee Receipt: \$130.00

Reinstatement Application and Reinstatement Annual Report For the years 2015 through 2016

RST

Exact limited liability company name and principal office address SHM 5046 LLC

12705 CRESTMOOR CIRCLE PROSPECT KY 40059

Alison Lundergan Grimes

Secretary of State P. O. Box 718

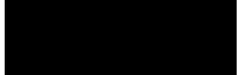
Frankfort, KY 40602-0718

(502) 564-3490 http://www.sos.ky.gov

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

Hasan Fouad Mohammad 12705 crestmoor circle prospect, KY 40059



prospect, KY 40059		
Members - List the name and address of the limited liability con LLCs are not required to list their members.	npany's members. If not specified, addresses default to the LLC's	s principal office address Member-managed
Wata Mahammad		
The above entity was administratively dissolved on \$2015. The undersigned states that the grounds for d satisfies the requirements of KRS 275.295. Enclosed Under penalty of perjury, the below signed hereby at information pertaining to SHM 5046 LLC to the Secretary.	issolution either did not exist or have been elimind is a check in the amount of \$130.00, payable to	nated, and the entity's name o Kentucky State Treasurer
manufactor bound and an or use 2040 FFC to file 2601	etary of State, as required for reinstatement purs	suant to KRS 271B.14-220.
If not an officer of said entity, please provide a Decla X Signature of member or manager (Required)	ration of Power of Attorney with the Reinstateme	ent Application.
of manager (required)	Title (Required)	Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

November 15, 2016

SHM 5046 LLC 12705 crestmoor circle prospect KY 40059

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SHM 5046 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,

Jerry REV3782, Revenue Auditor II Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601

Phone: (502) 564-7370 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0887377

