Organization ID # 0410692 State of origin KY Filing fee \$115.00 Alis			O410692.09 PF Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Ap Reinstatement A For the yea	nnual Report	9/17/2012 3:29 PM Fee Receipt: \$115.00	
Exact organization name and principal office address SBD, INC. 3044 HUNSINGER LANE LOUISVILLE KY 40220		name/office addre form. When reinsta addresses until the reinstatement is file filed online at <u>app.</u>	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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.	
	국 NE 0 address and title of all current officers. All organizations			pt
President MARC	cipal office address. Corporations are required to list a S CARET_HATCHER IY GALLAGHER	ecretary or other officer serving as rec	20rds custodian	
Directors - List the name and address director addresses default to the principal offi	of all directors (if applicable).No listing of directors is ver ce address.	ification that the corporation has dispe	nsed with directors. If not specif	ied,

The above entity was administratively dissolved on September 10, 2012 because the entity did not file its annual report for the year 2012. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 271B.14-210. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to SBD, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

FAHal President Title (Required) Man Χ¢ U dilla ignature of officer or chairman of the board (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: 09/17/2012

SBD, 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,

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

Kentucky Secretary of State organization number 0410692





THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

September 17, 2012

SBD, INC. 3044 HUNSINGER LANE LOUISVILLE KY 40220

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SBD**, **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,

Lisa Saylor, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2046 FAX# 502-564-3392

Kentucky Secretary of State organization number 0410692

