

Organization ID # 0931795

State of origin KY

Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

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Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
9/19/2017 12:34 PM
Fee Receipt: \$130.00

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

CAM HOSPITALITY, INC.
1817 NORTH FARES AVE
EVANSVILLE IN 47712

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/ftssearch or can be downloaded from our website.

Registered Agent and Registered Office Address

Beemal Patel
3807 YARDLEY CT UNIT 103
Louisville, KY 40299

FEIN (Optional)

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: _____ Name: _____

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	Armen Grigorian	3752 Tray Ct Newburgh IN 47630
Vice-President	Priti Grigorian	3752 Tray Ct Newburgh IN 47630
Secretary	Beemal Patel	513 Malcolm Ave Louisville 40222
Treasurer	Kush Patel	7761 Mia Ct Newburgh IN 47630

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 \$130.00, 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 Cam Hospitality, 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.

X Armen Grigorian President 9/14/17
 Signature of officer or chairman of the board (Required) Title (Required) Date (Required)



DANIEL P. BORK
Commissioner

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

September 19, 2017

Cam Hospitality, Inc.
2224 US HWY 41N
HENDERSON KY 42420

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Cam Hospitality, 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. 52
Frankfort, KY 40601
Phone# (502) 564-7336
FAX# (502) 564-0058

Kentucky Secretary of State organization number 0931795



**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: 09/19/2017

Cam Hospitality, 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 0931795