| Organization ID # | nmonwealth of Kentucky | | | | | 0468203.09 PRF | | | |
|--|-------------------------------------|-----------------------------|------------------------------|---|---------------------------------|--|--|---|---|
| State of origin KY Filing fee \$130.00 | | Michael G. Adams, Secretary | | | | | - | Michael G. Adams Kentucky Secretary of State Received and Filed: | |
| D O D 210 | | | | instatement Application einstatement Annual Re For the years 2019 through 201 | | | | 3/18/2020 2:57 PM Fee Receipt: \$130 | |
| Exact organization na LYNN'S HAIR 320 ROCKY S CADIZ KY 42 | STUDIO, II SPRING RO | NC. | addres | <u>s</u> | · · · · · · | | name/office add form. When rein addresses until th reinstatement is | fice address and register Iress cannot be changed stating, you cannot modify he reinstatement is filed. O filed, the statement of char <u>p.sos.ky.gov/ftsearch</u> or (our website. | i on this 7 the Once the nge can be |
| Registered Agent and LYNN S PARF 7 MAIN ST P O BOX 198 CADIZ, KY 42 If the above company is i company's information he FEIN:1 | ROTT 8 2211 Included in a | parent compar | | ıcky tax r | eturn as a | disregarde | | | t |
| Principal Officers - (specified, officer addresses de | List the name, a fault to the princ | ddress and title | of all currer s. Corporat | it officers. / | All organizat quired to list | ons must list at le a Secretary or ot | east one (1) officer, even her officer serving as r | en in the case of a sole offi ecords custodian | icer. If not |
| President | LYNN | S. PARROT | T | | | | | | |
| Vice President | RAY A | PARROTT | | | · | | | | |
| | | | | · | _ | | | | |
| | | | | | | 4 | · · · · · · · · · · · · · · · · · · · | | |
| Directors - List the name director addresses default to the | e And address on a principal office | of all directors (if a | applicable). | No listing o | f directors Is | verification that I | he corporation has dis | pensed with directors. If N | ot specified, |
| RAY A. PARROTT | | | × . | <i>.</i> | | | · · · · · · · · · · · · · · · · · · · | · · · · | |
| LYNN S. PARROTT | | | | | | | | | |
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| | ····· | | <u></u> | | | <u> </u> | | | |

vmillo

The above entity was administratively dissolved on October 16, 2019 because the entity did not file its annual report for the year 2019. 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 LYNN'S HAIR STUDIO, 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.

min Signature of officer Or chairman of the board (Re ouired)



LYNN'S HAIR STUDIO, INC. 320 ROCKY SPRING ROAD CADIZ KY 42211 Notice Date: March 18, 2020 KY SoS Org. ID: 0468203

| RE: | Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue. | | | | | |
|------------------------|--|--|--|--|--|--|
| SUMMARY | | | | | | |
| OUR DETERMINATION | We verified the following information. | | | | | |
| | You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. | | | | | |
| | This notice will remain current for 30 days from the notice date above. | | | | | |
| WHAT YOU NEED TO DO | If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx. | | | | | |
| CONTACT INFORMATION | If you have any questions regarding this notice, please contact me. Thank you. Agent: Bruce REV3968, Taxpayer Services Specialist II Email: Bruce.Owens@ky.gov Direct: 502-564-2038 | | | | | |



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 03/18/2020

LYNN'S HAIR STUDIO, INC.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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 Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0468203

