

Organization ID # 0552903  
State of origin KY  
Filing fee \$130.00  
**Commonwealth of Kentucky**  
**Elaine N. Walker, Secretary of State**

0552903.06

dcornish  
LRPF

Elaine N. Walker, Secretary of State  
Received and Filed:  
6/14/2011 1:47 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

**Exact limited liability company name and principal office address**

ILLUSION NAIL SUPPLY L.L.C.  
6918 SOUTHSIDE DRIVE  
LOUISVILLE KY 40214

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/research](http://app.sos.ky.gov/research) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

TONY P. TA  
4512 MANSFIELD RD.  
LOUISVILLE, KY 40216  
*1901 River Ridge Rd S  
Louisville Ky 40219*

Members List the names and addresses of the limited liability company's members. If not, state the reason.

ILLUSION NAIL SUPPLY

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 275.295. 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 ILLUSION NAIL SUPPLY L.L.C. 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 Tony P. TA*  
Signature of member or manager (Required)

*Owner*  
Title (Required)

*6/8/11*  
Date (Required)



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

June 14, 2011

**ILLUSION NAIL SUPPLY L.L.C.  
6918 SOUTHSIDE DRIVE  
LOUISVILLE KY 40214**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ILLUSION NAIL SUPPLY L.L.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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,

Jessica Martin, Revenue Auditor  
Division of Corporation Tax  
501 High Street, 7th Floor, Sta. 52  
Frankfort, KY 40601  
502-564-7311  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0552903