Organization ID # 0561412 State of origin KY Filing fee-\$160.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0561412.09

kdcoleman

Michael G. Adams Kentucky Secretary of State

Received and Filed: 9/21/2022 1:41 PM Fee Receipt: \$160.00

Michael G. Adams 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 2011 through 2014

K2

Exact	organization	name and	principal	office address

JOAN LESLIE SALON, INC. 393 WALLER AVENUE, #15 LEXINGTON KY 40504 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 https://web.sos.ky.gov/ftsearch or can be downloaded from our website.

FEIN (Optional)

Registered Agent and Registered Office Address	÷ 4		. "	* .
JOAN ISAACS	•			
393 WALLER AVENUE, #15			•	
LEXINGTON, KY 40504				
If the above company is included in a parent company's Kentucky tax	returr	i as a	disre	garde
company's information here (optional):				- , •

Sole Officer		JOANIE ISAACS							
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Directors - List the director addresses defaul IOANIE ISAACS	t to the pr			No listing of	directors Is ve	rification that the		as dispensed with di	rectors. If Not specified

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 \$160.00, 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 JOAN LESLIE SALON, 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 (Signature of officer Or chairman of the board (Required)

Date (Required)

Title (Required)

President

Pre

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

JOAN LESLIE SALON, INC. 2626 High Bridge Rd Lancaster KY 40444

Notice Date:

September 21, 2022

KY SoS Org. ID: 0561412

RE: Letter of Good Standing Request - Approved

SUMMARY

You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.

OUR DETERMINATION We verified the following information.

1. You are registered with the Department of Revenue.

- 2. An authorized person requested this letter.
- 3. You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. 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 1. 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.
 - 2. 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.
 - 3. 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: Megan REVY099, Taxpayer Services Specialist II

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 09/21/2022		
JOAN LESLIE SALON, 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 0561412

