Organization ID # 0867612 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

0867612.06

LRPF

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 year 2014

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 10/8/2014 12:07 PM Fee Receipt: \$115.00

Exact limited lia	ability company	name and p	rincipal off	ice address

FLY ABOVE HAIR SALON, LLC **1579 ASTAIRE DRIVE LEXINGTON KY 40511**

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/ftsearch or can be downloaded from our website.

Registered Agent an	d Registered Office	Address					
	ASHINGTON						
1428 N FORI	BES ROAD						
LEXINGTON	, KY 40511		Tagen in 1988 Black and				
			h WAL		€ #		
Members - List the name LLCs are not required to list the	11 T A 15 T 15 T 15 T 15 T 15 T 15 T 15	bility company's me	embers. If not specifi	ed, addresses o	lefault to the LLC's princip	al office	address Member-managed
<u> </u>	hington	1579	Astaire	Drive	tex ington	KY.	40511
		-				78 78	
		_					
		j				i &	
The above entity was a 2014. The undersigned satisfies the requirement	states that the ground	s for dissolution	on either did no	t exist or ha	ve been eliminated	, and t	he entity's name
Under penalty of perjur information pertaining t 271B.14-220.	y, the below signed her o FLY ABOVE HAIR S	reby authorize ALON, LLC to	s the Kentucky the Secretary	Department of State, as	t of Revenue to rele required for reinsta	ease a temen	ny applicable tax t pursuant to KRS
If not an officer of said	entity, please provide a	Declaration o	of Power of Atto	rney with th	e Reinstatement A _l	oplicat	ion.
X Samelian	Washnyton		Own	n)			10-8-14
Signature of mem	ber or manager (Required)		SU VIST	itle (Required)			Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

October 8, 2014

FLY ABOVE HAIR SALON, LLC 1579 ASTAIRE DRIVE LEXINGTON KY 40511

Re: Request for a Letter of Good Standing

The Department of Revenue acknowledges receipt of your request for a letter of good standing for **FLY ABOVE HAIR SALON, LLC**. Revenue records indicate that the limited liability company has not filed Kentucky Corporation Income and LLET returns.

Based on the information submitted, this office has determined that returns are not required as of the date of this letter. The Department of Revenue requests the limited liability 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,

Julie REVE220, Administrative Specialist III Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7321 FAX# 502-564-0058

Kentucky Secretary of State organization number 0867612

