Organization ID= 1006112 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

1006112.09

**PRPF** 

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 7/10/2019 2:12 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 2018 through 2019

<b>Exact organization</b>	name and	principal off	<u>ice address</u>

Registered Agent and Registered Office Address

OAK MASSAGE INC **4223 C LEXINGTON RD PARIS KY 40361** 

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.

FEIN (Optional)

	XINGTON RD		
Paris, KY of the above company company's information FEIN:	is included in a parent company's Kentuc	ky tax return as a disregarded	
Principal Officers	5 - List the name, address and title of all current	officers. All organizations must list at least one (1) officer,	
President	Lian Hui Gui	1786 A Bman Steti	
Vice-President	Lian Hui Pá	1786 A bryan Mation	
Secretary	Lian Hun di	1786 A Bruan Startion	
Treasurer	Zian Hui (di	1786 A Brigan startion	
Lian Hui		Id Digan soution Kd, lexi	ngton, Ki 40.Ce
The undersigned st	tates that the grounds for dissolution e	per 16, 2018 because the entity did not file i either did not exist or have been eliminated, in the amount of \$130.00, payable to Kentu	and the entity's name satisfies the
		rizes the Kentucky Department of Revenue retary of State, as required for reinstatemen	
If not an officer of s	said entity, please provide a Declaration	on of Power of Attorney with the Reinstateme	ent Application.
# lion	Motion Or	president	6/2h019
Signature of office	r Or chairman of the board (Required)	Title (Required)	Date (Required)
		•	

Website: www.revenue.kv.gov Phone:

Fax:

Notice Date:

KY SoS Org. ID:

502-564-8139 502-564-0058

July 10, 2019

1006112

**OAK MASSAGE Inc 4223 C LEXINGTON RD Paris KY 40361** 

Letter of Good Standing Request - Approved

**SUMMARY** 

RE:

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: Nicole REVX129, Taxpayer Services Specialist II

Email: Nicole.McTiernan@ky.gov

Direct: 502-564-2062



# 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: 07/10/2019	
OAK MASSAGE 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,

Tara Welch
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phono: (502) 564, 2272

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 1006112

