Organization ID # 0730414 State of origin

Filing fee

**Commonwealth of Kentucky** \$115.00 Elaine N. Walker, Secretary of State

0730414.06

**LRPF** 

Elaine N. Walker, Secretary of State

Date (Required)

Received and Filed: 10/5/2011 9:15 AM Fee Receipt: \$115.00

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 year 2011

**RST** 

Exact limited liability company name and principal office address

**EXCLUSIVE NAILS LLC** 1315 EAST BROADWAY **CAMPBELLSVILLE KY 42718** 

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 and Registered Office Address

**RASMEY TAIN** 1315 EAST BROADWAY CAMPBELLSVILLE, KY 42718

Signature of member or manager (Required)



Members - List the name and address Of the limited liability Member-managed LLCs are not required to list their members.	company's members. If not specified, addresses	default to the LLC's principal office address
RASMEY TAIN		
The above entity was administratively dissolved on Sept 2011. The undersigned states that the grounds for dissolved satisfies the requirements of KRS 275.295. Enclosed is	olution either did not exist or have been elimi	inated, and the entity's name
Under penalty of perjury, the below signed hereby authorinformation pertaining to EXCLUSIVE NAILS LLC to the 271B.14-220.		
If not an officer of said entity, please provide a Declarati	ion of Power of Attorney with the Reinstatem	nent Application.
X Simen	away	10/3/11

Title (Required)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

October 4, 2011

EXCLUSIVE NAILS LLC 1315 EAST BROADWAY CAMPBELLSVILLE KY 42718

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **EXCLUSIVE NAILS LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

M. L. Parker, Taxpayer Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7253 FAX# 502-564-0058

Kentucky Secretary of State organization number 0730414

