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amcray
LRPF

Organization ID # 0663624

State of origin KY

Filing fee \$250.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
4/17/2018 1:35 PM
Fee Receipt: \$250.00Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 584-3490
<http://www.sos.ky.gov>Reinstatement Application and
Reinstatement Annual Report
For the years 2009 through 2018

RST

Exact limited liability company name and principal office address

ELEGANT NAIL SPA, LLC
230 GHEENS AVE.
LOUISVILLE KY 40214The principal office address and registered agent
name/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 sos.ky.gov/filingsearch or can be
downloaded from sos.ky.gov.

Registered Agent and Registered Office Address

If the above company is included in a parent company's Kentucky tax return as a disregarded
company's information here (optional):

FEIN: _____ Name: _____

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed
LLCs are not required to list their members.

TRAVIS PHAM

24 Ross Ave., Fort Mitchell, KY 41017

The above entity was administratively dissolved on November 3, 2009 because the entity did not maintain its registered agent or
registered office address in this state for sixty (60) days or more. 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
\$250.00, 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 ELEGANT NAIL SPA, LLC 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 member or manager (Required)

Member

Title (Required)

Date (Required)

4-13-18



KENTUCKY DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
501 HIGH STREET, STATION 52
FRANKFORT, KENTUCKY 40601-2103

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

ELEGANT NAIL SPA, LLC
24 ROSS AVE
FORT MITCHELL KY 41017

Notice Date: April 17, 2018
KY SoS Org. ID: 0663624

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: Ramon REV4636, Taxpayer Services Specialist I
Email: Ramon.Juanso@ky.gov
Direct: 502-564-2169
