nization ID # 1150342 e of origin KY g fee \$130 Mic	Commonwealth of Kentucky hael G. Adams, Secretary of St	1150342 Michael G. A KY Secretary Received and	of State
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the years 2024 through 202	port RST	
xact limited liability company name and principal office address The age   NAILCHELLA NAIL ACADEMY LIMITED LIABILITY COMPANY age   1385 DIXIE HIGHWAY mod   LOUISVILLE KY 40210 filed		I e principal office address and register ont name/office address cannot be cha this form. When reinstating, you cannot dify the addresses until the reinstatement d. Once the reinstatement is filed, the tement of change will be filed.	
egistered Agent and Register kentraya johnson 1385 Dixie Highway Louisville, KY 40210			

Managers - List the name And address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office addr KENTRAYA' MICHELLE JOHNSON 2313 MARY CATHERINE DRIVE

County: Business size: Business type: Jefferson Small Educational Services

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Nailchella Nail Academy Limited Liability Company to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Kentraya Johnson Title: Owner 1/16/2025



Nailchella Nail Academy Limited Liability Company 1385 Dixie Highway Louisville KY, 40210			Notice Date: KY SoS Org. ID:	January 16, 2025 1150342		
RE:	Le	Letter of Good Standing Request - Approved				
SUMMARY		You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.				
OUR DETERMINATION	W	Ve verified the following information.				
	2. 3. 4.	You are registered with the Departm An authorized person requested this You filed income and LLE tax return filing. You have no outstanding tax assess Collections or have a valid pay agree is notice will remain current for 30 day	e letter. s as required, or you sments with the Divis ement in place.	sion of		
WHAT YOU NEED TO DO	1. 2. 3.	of this letter to the Kentucky Secretary of State within 30 days of the notice date above. <b>If you are a for-profit corporation,</b> 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.		0 days of the to provide the ision of 12-564-6835. a copy of your arity filing		
AGENT INFORMATION	yo A Ei	you have any questions regarding this u. gent: Louis REV4836, Taxpayer Serv mail: louis.szemethy@ky.gov irect: 502-564-2057	-	act me. Thank		