Organization ID # State of origin Filing fee

D726843

Commonwealth of Kentucky \$130.00 Elaine N. Walker, Secretary of State

0726843.06

dcornish **LRPF**

Elaine N. Walker, Secretary of State

Received and Filed: 6/1/2011 3:05 PM Fee Receipt: \$130.00

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 years 2010 through 2011

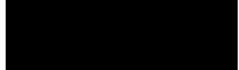
RST

Exact limited liability company name and principal office address **ENCHANTED EXPRESSIONS LLC** 313 CHERWOOD DRIVE **CAMPBELLSVILLE KY 42718**

The principal office address and registered legent 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/itsearch or can be downloaded from our website

Registered Agent and Registered Office Address

KASEY CHILDERS MOSS 313 CHERWOOD DRIVE CAMPBELLSVILLE, KY 42718



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. KASUL Childres Mosc Chris Words Richardson
The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the para 2010. 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 \$130.00, 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 ENCHANTED EXPRESSIONS LLC to the Secretary of State, as required for reinstatement pursuan: to KRS 271B.14-220. If not an officer of said entity please provide a Declaration of Power of Attorney with the Reinstatement Application.
Signature of meinder or manager (Required) Title (Required) Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

June 1, 2011

ENCHANTED EXPRESSIONS LLC 313 CHERWOOD DRIVE CAMPBELLSVILLE KY 42718

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ENCHANTED EXPRESSIONS LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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,

Mary Jo Brown, Revenue Auditor Division of Corporation Tax 501 High Street, 7th Floor, Sta. 52 Frankfort, KY 40601 502-564-7317 FAX# 502-564-0058

Kentucky Secretary of State organization number 0726843

