Organization ID # State of origin	Commonwealth of Kentuc		entucky			amcray LRPF es
Filing fee	\$115.00 E	laine N. Walker, Secreta	ary of State	Kentucky Secretary of State Received and Filed: 1/12/2012 3:40 PM 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 NLINE BARBERSHOP LLC 345 RAILROAD CRT. HAZARD KY 41701			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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.			
Registered Agent a Gary Jame 345 Railroa Hazard, KY	s Vinson Id Crt.	d Office Address	5			
Members - List the name	me and address of not required to list th	the limited liability company's members. <sup>#</sup>	f not specified, addresses defau	It to the LLC's princip	pal office address	
GARY VINSO						-

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 \$115.00, 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 NLINE BARBERSHOP 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.

12/22/2011 Date (Required) MEMBER Х Signature of member or manager (Required) 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** 

January 11, 2012

## NLINE BARBERSHOP LLC 345 Railroad Crt. Hazard KY 41701

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate NLINE BARBERSHOP 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,

Darrell Young Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2127 FAX# 502-564-3392

Kentucky Secretary of State organization number 0763263

