Organization ID # 0881886 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Stat

0881886.06

amcray LRPF

Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 10/27/2017 1:14 PM Fee Receipt: \$115.00

Alison Lundergan Grimes 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 2017

**RST** 

Exact limited liability company name and principal office address PARTY ON AIR XTREME INFLATABLES, LLC **471 WHIRLAWAY DRIVE DANVILLE KY 40422** 

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		
ASHLEY W. WESLEY		
471 WHIRLAWAY DRIVE	•	
DANVILLE, KY 40422 If the above company is included in a parent company's Ko	entucky tay return as a discensiried e	
company's information here (optional):	enticky tax return as a disregarded e	
FEIN: Name:		
Members - List the name and address of the limited liability com LLCs are not required to list their members.	npany's members. If not specified, addresses default to the LLC's p	orincipal office address Member-managed
ASHLEY WHITFIELD WESLEY		
The above entity was administratively dissolved on C The undersigned states that the grounds for dissoluti requirements of KRS 275.295. Enclosed is a check in	ion either did not exist or have been eliminated, a	and the entity's name satisfies the
Under penalty of perjury, the below signed hereby au information pertaining to PARTY ON AIR XTREME If pursuant to KRS 271B.14-220.	uthorizes the Kentucky Department of Revenue to NFLATABLES, LLC to the Secretary of State, as	o release any applicable tax required for reinstatement
If not an officer of said entity, please provide a Decla	aration of Power of Attorney with the Reinstateme	nt Application.
X Ashler Wish	Mimu	10/26/1
Signature of member of manager (Required)	Title (Required)	Date (Required)



DANIEL P. BORK
Commissioner

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

October 27, 2017

## PARTY ON AIR XTREME INFLATABLES, LLC 471 WHIRLAWAY DRIVE DANVILLE KY 40422

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PARTY ON AIR XTREME INFLATABLES, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Rada REV6015, Taxpayer Services Specialist II Pass Through Entity Tax Branch 501 High Street, Mail Sta. 52 Frankfort, KY 40601 Phone# (502) 564-7336 FAX# (502) 564-0058

Kentucky Secretary of State organization number 0881886

