Organization ID # 0606087 Commonwealth of Kentucky State of origin Filing fee \$205.00 Alison Lundergan Grimes, Secretary of Stat

0606087.06

mstratton **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 5/11/2018 1:43 PM Fee Receipt: \$205.00

RST

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 years 2012 through 2018

Exact limited liability company name and principal office address MS. HOLLY'S BARBER SHOP, LLC 3149 MAPLELEAF SQUARE **LEXINGTON KY 40509**

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	
HOLLY PLUNKETT	
21/0 MADI ELEVE SULIVIDE	

LEXINGTON, KY 40509

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

-EIN: N	Name:	
Members - List the name	and address of the limited liability company's members. If not specified, add	resses default to the LLC's principal office address Member-managed
LCs are not required to list the	eir members.	

HOLLY V PLUNKETT BOWMEN	218 Windom Lane, Nicholasville, Ky 40356

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 \$205.00, 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 MS. HOLLY'S BARBER SHOP, 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.

uner itle (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058

MS. HOLLY'S BARBER SHOP, LLC 3149 MAPLELEAF SQUARE **LEXINGTON KY 40509**

Fax:

Notice Date:

KY SoS Org. ID:

May 11, 2018

0606087

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