Organization ID # 0527892 State of origin KY Filing fee \$160.00 <b>Aliso</b>		lth of Kentucky imes, Secretary of S	0527892.09 mstratton PRPF Alison Lundergan Grimes Kentucky Secretary of State	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatem	ent Application and ent Annual Report rs 2009 through 2012	Received and Filed: 2/2/2012 1:55 PM Fee Receipt: \$160.00	
Exact organization name and p ALL PHASES HAIR SAL 9616 TAYLORSVILLE R LOUISVILLE KY 40299 Registered Agent and Register DELISSA S. LEE	ON, INC. OAD ed Office Address	name/office ad form. When rei addresses until reinstatement is	office address and registered agent Idress cannot be changed on this Instating, you cannot modify the the reinstatement is filed. Once the s filed, the statement of change can be <u>op.sos.kv.gov/ftsearch</u> or can be m our website.	
specified, officer addresses default to the princip	<b>dress and title</b> of all current officers. Al pal office address. Corporations are requ	l organizations must list at least one (1) officer, ev uired to list a Secretary or other officer serving as	records custodian	
Sole Officer DELISS	A S. LEE	2505 5, Kystbourn Lowisville, Ky 40299	ste C	
Directors - List the name and address of director addresses default to the principal office		directors is verification that the corporation has di	spensed with directors. If not specified,	
DELISSA S. LEE	<u>3505</u> S. Louisville	Hundtbourne Pking , Ky 40299 Ste C		
2009. The undersigned states that t	he grounds for dissolution eitl	2009 because the entity did not file it her did not exist or have been elimina eck in the amount of \$160.00, payab	ated, and the entity's name	

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to ALL PHASES HAIR SALON, INC. 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 Danke <u>X</u> Title (Required) Signature of officer or chairman of the board (Required) Date (Required)



THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

February 2, 2012

## ALL PHASES HAIR SALON, INC. 9616 TAYLORSVILLE ROAD LOUISVILLE KY 40299

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ALL PHASES HAIR SALON, INC.** 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Julie Brice, Administrative Specialist I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7321 FAX# 502-564-0058

Kentucky Secretary of State organization number 0527892





## EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 <u>www.oet.ky.gov</u> Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 02/02/2012

ALL PHASES HAIR SALON, INC.

Dear Sir/Madam:

## KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Courtney Hackworth Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0527892

