Organization ID # 1044994 State of origin Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/22/2021 2:23 PM

Michael G. Adams 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 2020 through 2021

Fee Receipt: \$130.00

Exact limited liability company name and principal office address

PRINCESS NAILS & SPA, LLC 12436 SHELBYVILLE RD. **LOUISVILLE KY 40243**

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 Ad	idress	ing the second of the second o	1 6 W.	FEIN (Optional)	
TUNG TR 12436 SH					- Ziv (o poronal)	
If the above company company's informatic FEIN:	y is included in a parent comp on here (optional): Name:	oany's Kentucky ta	x return as a d	isregard		ent
Managers - List the	name And address of the limited li	iability company's man	agers. If not spec	ified, addresses defa	ault to the LLC's principal o	ffice address.
Tung Tra						
					ekal edile a	
			e Paraga			
		12.5		7 1 2 2 2 2	\$ 1 5 A 1	;
The undersigned st	as administratively dissolve tates that the grounds for d RS 275.295. Enclosed is a	lissolution either	did not exist	or have been e	liminated, and the e	ntity's name satisfies the
Under penalty of pe information pertaini 271B.14-220.	erjury, the below signed he ing to PRINCESS NAILS &	reby authorizes to SPA, LLC to the	he Kentucky Secretary o	Department of State, as requ	Revenue to release ired for reinstatemen	any applicable tax nt pursuant to KRS
lf not an officeृत of s	said entity, please provide a	a Declaration of I	Power of Atto	rney with the R	einstatement Applic	ation.
X Jun	wh			unes		2/9/21
Signature of	ndember Or manager (Required)		. Т	itle (Required)		Date (Required)

www.revenue.ky.gov Website: Phone: 502-564-8139 Fax: 502-564-0058

PRINCESS NAILS & SPA, LLC 12436 SHELBYVILLE RD. **LOUISVILLE KY 40243**

Notice Date:

February 18, 2021

KY SoS Org. ID: 1044994

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
 - 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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310