

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

APPLICATION FOR REINSTATEMENT DOMESTIC BUSINESS CORPORATION

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$300 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

1. The name of the corporation is _____

Note: This must be the exact corporate name.

2. The effective date of its administrative dissolution _____

3. State that the ground or grounds for dissolution either did not exist, or have been eliminated by filing all required reports and paying all fees and penalties.

4. The corporation's name satisfies the requirements of the South Dakota Business Corporations Act.

5. **Attached** hereto is a **certificate** from the **South Dakota Department of Revenue** reciting that any and all taxes owed by the corporation have been paid.

6. **Attached** hereto are **ALL** delinquent **annual reports** and **filing fees**.

Application may be signed by any authorized officer of the corporation.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)