

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

APPLICATION FOR REINSTATEMENT DOMESTIC COOPERATIVE

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 cooperative is _____

Note: This must be the exact cooperative name.

2. The effective date of its administrative dissolution _____

Any cooperative administratively dissolved may apply to the secretary of state for reinstatement within 2 years after the effective date of 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. **Attached** hereto are **ALL** delinquent **annual reports** and **filing fees**.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

STATE OF _____

COUNTY OF _____

On this the _____ day of _____, 20 ____ before me personally appeared

_____ known to me or satisfactorily proven to be the person who is described in, and who executed the within instrument and acknowledged to me that she/he/they executed the same.

My Commission Expires

Notary Public

Notarial Seal