

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

APPLICATION FOR REINSTATEMENT OF A DOMESTIC LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

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

FILING FEE: \$150 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

Pursuant to SDCL 47-34A-811, the following domestic Limited Liability Company applies for reinstatement.

1. The name of the company is _____

Note: This must be the exact limited liability company 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 Limited Liability Company's Name satisfies the requirements of SDCL 47-34A-105.

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

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

The application must be signed by a member if the company is a member-managed company or by a manager if it's a manager managed company.

Dated _____

(Signature of an Authorized Manager or Member)

(Printed Name)

(Title)