

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

APPLICATION FOR REINSTATEMENT DOMESTIC NON-PROFIT CORPORATION

Please Type or Print Clearly in Ink

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

FILING FEE: \$30 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. The grounds for administrative dissolution 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**.

Application must be signed by the Chairman of the Board of Directors, the President, or any other officer in the presence of a notary public.

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