

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

APPLICATION FOR REINSTATEMENT
DOMESTIC BUSINESS CORPORATION
SDCL 47-1A-1421,1422

Please Type or Print Clearly in Ink
Please submit one **Original** and one **Photocopy**
FILING FEE: \$300 payable to SECRETARY OF STATE

1. The Name and Business ID of the corporation is:

Name (Note: This must be the exact corporate name as registered.)

Business ID

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:

Yes No

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** documents, fees, and penalties required for reinstatement:

Annual Reports

Registered Agent and Registered Office Information

Filing Fees

Corporation's period of duration as stated in the Articles of Incorporation has been amended

Penalties

The application may be signed by any authorized officer of the corporation.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

Dated _____

Signature of an authorized officer

Email _____
(Optional)

Printed Name

Title