

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.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.