

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

**APPLICATION FOR REINSTATEMENT**  
**DOMESTIC COOPERATIVE**  
SDCL 47-18-16.2; 47-18-16.5

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 Cooperative is:

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

\_\_\_\_\_  
Business ID

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 revocation either did not exist, or have been eliminated by filing all required reports and paying all fees and penalties.

4. **Attached** hereto are **ALL** documents, fees, and penalties required for reinstatement:

Annual Reports

Registered Agent and Registered Office Information

Filing Fees

Penalties

5. SDCL 47-18-16.2 imposes a **\$20 fee for each year** the cooperative has been **expired**.

This application must be signed by a partner.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of an authorized person

Email \_\_\_\_\_

(Optional)

\_\_\_\_\_  
Printed Name