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

APPLICATION FOR REINSTATEMENT

DOMESTIC LIMITED LIABILITY COMPANY

SDCL 47-34A-811

FILING FEE: $150

Make check payable to SECRETARY OF STATE

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

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

   _____
   Name (Note: This must be the exact limited liability company 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 Limited Liability Company's Name satisfies the requirements of SDCL 47-34A-105: ☐ Yes ☐ No

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

   ☐ Annual Reports
   ☐ Registered Agent and Registered Office Information
   ☐ Filing Fees
   ☐ LLC's period of duration as stated in the Articles of Organization has been amended
   ☐ Penalties

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 or in accordance with SDCL 47-34A-205.

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