

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

APPLICATION FOR REINSTATEMENT
DOMESTIC LIMITED LIABILITY PARTNERSHIP
SDCL 48-7A-1003(e)

FILING FEE: \$125

Make check payable to SECRETARY OF STATE

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

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

Business ID

2. The effective date of its administrative revocation: _____

A partnership whose Statement of qualification has been revoked may apply to the Secretary of State for reinstatement within TWO YEARS after the effective date of the revocation.

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

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