

Please
Do Not
Staple

RC
53-08

KANSAS SECRETARY OF STATE
**Certificate of Reinstatement
of Limited Liability Company**

All information on this form **must be complete**, accompanied by **the correct filing fee, and all past due annual reports** or the document will **not** be accepted for filing.

GENERAL FILING INSTRUCTIONS

Important Information: If the forfeited business entity's name currently on file with the Secretary of State's Office is **not** available at the time of reinstatement, you may change the entity name on the reinstatement form by the following method:

On **question 2**, list the entity name as it is currently on file and state that it is changing to the new name.

Example: **ABC, LLC changing its name to DEF, LLC**

<input type="checkbox"/> Filing fee	The filing fee for this document is \$35 . An \$85 penalty fee also applies if the reason for forfeiture is failure to timely file the annual report.
<input type="checkbox"/> Payment	<p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash.</p> <p>NOTICE: There is a \$25 service fee for all checks returned by your financial institution.</p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p>Credit card number _____</p> <p>Billing zip code _____ Expiration date _____</p>
<input type="checkbox"/> Daytime phone and contact person	_____
<input type="checkbox"/> Mailing requirement	The certificate of reinstatement and all past due annual reports and unpaid fees or taxes must be filed at the same time. Please make sure all documents, fees and/or taxes are mailed in the same envelope .
<input type="checkbox"/> Fax filing available	<p>Documents may be fax filed for a processing fee of \$20 in addition to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to Business Services, 785-296-4570. Faxed documents will receive that day's file date if they are without errors and received prior to 4 PM CST.</p> <p>Processed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day activation or return faxing.</p>
<input type="checkbox"/> No duplicate copies	Please do not send duplicate copies of your document. The original is processed, and returned to you by mail.
<input type="checkbox"/> No email	We cannot accept any filings by email, except for the MA mailing address change form.
<input type="checkbox"/> No filing by phone	No documents or reports can be filed with our office by phone.
<input type="checkbox"/> Public information	All documents filed with our office are available to the public and may be viewed online at www.sos.ks.gov without cost. Please consider this when providing information on our forms. Instructions and payment information are not public information and are shredded after use.

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INSTRUCTIONS FOR ANNUAL REPORTS

Past due annual report fees/or franchise taxes

To determine fees and/or taxes owed, please refer to the chart below for the tax years for which you are filing past due annual reports.

Annual reports with tax year ending DECEMBER 2004 TO PRESENT:

Fee amount: \$55 flat filing fee

Annual reports with tax year ending 2001 TO NOVEMBER 2004:

Franchise tax calculation: \$2 for every \$1,000 of net worth

Minimum amount: \$55

Maximum amount: \$5015

Annual reports with tax year ending PRIOR AND UP TO 2000:

Franchise tax calculation: \$1 for every \$1,000 of net worth

Minimum amount: \$35

Maximum amount: \$2515

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Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

Return file-stamped document to (name and address):

Instructions: All information must be completed or this document will not be accepted for filing.

1. Business entity ID number:

Not Federal Employer ID Number (FEIN).

2. Name of entity:

(17-76,146(a)(1))

Must match name on record with Secretary of State.

3. Name of resident agent and physical address of registered office in Kansas:

(17-76,146(a)(2))

Must be a Kansas street address. A P.O. Box or Rural Route/Box is unacceptable.

(17-7924(c))

Name		
Street Address		
City	State KS	Zip

4. The limited liability company's articles of organization or application for authority to do business in Kansas has been forfeited for failure to timely file an annual report and pay the annual report fee or franchise tax, or has been forfeited for failure to designate or maintain a resident agent and registered office. (17-76,146(a))

5. This certificate is filed by one or more persons of the limited liability company authorized to execute and file such certificate of reinstatement in compliance with K.S.A. 17-76,146(a)(3).

6. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. (17-7909)

Signature of Authorized Person (17-7908)

Name of Signer (printed or typed)