

Please
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53-08

KANSAS SECRETARY OF STATE
Reinstatement of Limited
Partnership
Instructions

Kansas Office of the Secretary of State:

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

All information on this form **must be complete** and accompanied by the **correct filing fee** or the document will **not** be accepted for filing.

<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	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will be rejected. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution.
<input type="checkbox"/> Fax filing available	Documents may be fax filed for a processing fee of \$20 in addition to the normal filing fee. Include on the cover sheet: contact name, daytime phone number, credit card number, credit card expiration date and billing zip code. 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. 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.
<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"/> Entity name	If the business entity 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 following this instruction: On question 2 , list the entity name currently on file, and state that it is changing to a new name. For example: ABC, Inc changing its name to DEF, Inc
<input type="checkbox"/> Contact phone number	We do not require phone numbers by statute, but some errors can be corrected with permission. Including a phone number may expedite processing of your documents.
<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"/> No staples	All documents are electronically scanned as part of the filing process. To expedite processing, please do not use staples on your documents or payment.
<input type="checkbox"/> Public Information	All information filed with our office is available to the public, and much of it may be viewed online without cost. Please consider this when providing information on our forms.

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KANSAS SECRETARY OF STATE
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Partnership, p. 2**
Instructions for Annual Reports

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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 your are filing past due annual reports.

Annual reports with tax year ending DECEMBER 2004 TO PRESENT:

Franchise tax calculation: N/A

Minimum amount: \$55 flat filing fee

Maximum 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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THIS SPACE FOR OFFICE USE ONLY.

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).

[Empty field for Business entity ID number]

2. Name of limited partnership:

Must match name on record with Secretary of State.

[Empty field for Name of limited partnership]

3. The name of resident agent and address of registered office in Kansas

Must be a Kansas street address. A P.O. Box is unacceptable.

Name		
Street Address		
City	State KS	Zip

4. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.

Signature of Authorized Officer

Name of Signer (Printed or Typed)

[Signature and Name fields]