

INSTRUCTIONS FOR FILING CERTIFICATE OF RESTORATION

SUBMIT THE DOCUMENTS WITHOUT THIS PAGE

Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online.

How to complete the certificate of restoration for a domestic (Kansas) corporation:

Before proceeding, the certificate of restoration may only be filed for domestic (Kansas) corporations and is only filed if the business entity has expired within the last three years.

Each of the numbered instructions below corresponds to a section on the form.

- List the entity's ID number issued by the Kansas Secretary of State (This is not a tax ID number). ID numbers may be found by clicking on Business Entity Database at https://www.kansas.gov/bess/.
- 2. Provide the complete legal business entity name, including words of formation (e.g., Inc., Corp., etc.)

Check to see if the name of the covered business entity is in use by any other business entity already registered with our office online at https://www.kansas.gov/bess/.

If the name is currently in use, either a letter of consent from the current business entity must be submitted with the document, or a different name must be used. If a new name must be used, provide the current name, indicate the name is changing, and provide a new name.

Letter of consent: Pursuant to K.S.A. 17-7933, the letter of consent must include an indication that the current business entity consents to the use of the name. This letter must be executed by an authorized person for the current business entity registered.

3. Provide the name of the resident agent.

Resident agent: This is either an individual or a business entity registered in Kansas (may be the business entity the certificate of restoration is for) who will receive any legal documents (e.g., subpoenas, court orders, summons, etc.) for the business entity named in section 2. If the resident agent is a business entity, search for the legal name of the business at https://www.kansas.gov/bess/.

4. Provide the registered office for the resident agent.

Registered office: Must be an address in Kansas where the resident agent may be regularly present. The address must include the building number, street, city, state, and zip code. This can't be a PO box.

- 5a. Each name of the officer of the corporation must be listed and the address where they may be regularly located.
- 5b. Provide each name of the directors of the corporation along with the address where they may be regularly located. The directors may be omitted if the officers are the same individuals.
- Either indicate that the corporation will not have an expiration date by indicating that the corporation shall be perpetual or indicate that the corporation has a new expiration date and provide that date.
- 7. An authorized person on behalf of the entity must sign.



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Fee Schedule

Certificate of Restoration

The filing fee for the certificate of restoration is as follows:

Corporation:

For-profit: \$35 Not-for-profit: \$20 Mail to:

Kansas Secretary of State Memorial Hall, 1st Floor 120 SW 10th Avenue Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Make checks payable to the Kansas Secretary of State. Once processing the certificate of restoration is completed, a certified copy of the certificate of restoration will be mailed to the address of the sender.

Or

Fax to:

Business Services at (785) 296-4570

Faxing the document will incur a fee of \$20 in addition to the filing fee listed above.

The following cover page indicating credit/debit card and contact information must be submitted with the documents.

Faxed documents received without errors before 4:00 p.m. (Central Time) will receive that day's filing date. Once processing the certificate of restoration are completed, a certified copy of the certificate of restoration will be mailed to the address of the sender.



COVER PAGE CERTIFICATE OF RESTORATION

Note: The credit/debit card information will be destroyed upon the filing of the document. Submit this page with the document when faxing documents to the Secretary of State's office.

| Contact Information | | | | | | |
|--|--|--|--|--|--|--|
| Contact Person | | | | | | |
| Direct Phone Number for Contact Person | | | | | | |
| Payment Information (Credit/Debit card must be provided when faxing documents to our office) | | | | | | |
| Credit/Debit Card Number | | | | | | |
| Expiration Date | | | | | | |
| Billing Zip Code | | | | | | |



KANSAS SECRETARY OF STATE Certificate of Restoration Corporation

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

| 53-19 |
|---------------------------------|
| 53-35 |
| THIS SPACE FOR OFFICE USE ONLY. |
| |

This certificate of restoration must be filed prior to the expiration of three years following the expiration or prior to the expiration of time directed by a court.

| siness entity ID mber: | | | | | | | |
|---|---|---|---|--|---|--|--|
| sas Secretary of State issued number. | | | | | | | |
| me of corporation: | | | | | | | |
| st match name on record with Secretary of State. | | | | | | | |
| me of resident agent: | | | | | | | |
| st be an individual, the business ty named in section 2, or an ty already registered with our se. Do not leave blank. | | | | | | | |
| gistered office in nsas for the resident ent: | Street Address (A PO box is unacceptable) | | | | | | |
| st be a street, rural route, ighway. A PO box is icceptable. | City | | KS | Zip | | | |
| 5a. Name and address of each officer of | | | | | | | |
| | Address | | | | | | |
| ach officer name. | City | Sta | ate | Zip | | Country | |
| | Name | | | | | | |
| Address | | | | | | | |
| o not leave blank. | City | Sta | ate | Zip | | Country | |
| | Name | | | | | | |
| | Address | | | | | | |
| additional space is needed, ease provide attachment . | City | Sta | ate | Zip | Co | ountry | |
| | mber: sas Secretary of State issued number. me of corporation: st match name on record with Secretary of State. me of resident agent: st be an individual, the business ty named in section 2, or an ty already registered with our se. Do not leave blank. gistered office in nsas for the resident ent: st be a street, rural route, ighway. A PO box is inceptable. ame and address f each officer of corporation: ddress required for ach officer name. | mber: sas Secretary of State issued number. me of corporation: st match name on record with Secretary of State. me of resident agent: st be an individual, the business by named in section 2, or an sty already registered with our se. Do not leave blank. Street Address (A PO box is unacceptable) Street Address (A PO box is unacceptable) City City Name Address De not leave blank. City Name Address City Name Address | mber: sas Secretary of State issued number. me of corporation: st match name on record with Secretary of State. me of resident agent: st be an individual, the business by named in section 2, or an ty already registered with our se. Do not leave blank. gistered office in mass for the resident ent: st be a street, rural route, ighway. A PO box is coceptable. City Name Address O not leave blank. City Name Address City St Name Address City St Name Address City St Street Address (A PO box is unacceptable) City St Address City St Name Address City St Street Address (A PO box is unacceptable) City St Address City St Street Address (A PO box is unacceptable) City St Address City St Street Address (A PO box is unacceptable) | mber: sas Secretary of State issued number. me of corporation: it match name on record with Secretary of State. me of resident agent: it be an individual, the business by named in section 2, or an by already registered with our e. Do not leave blank. Gistert Address (A PO box is unacceptable) ame and address feach officer of corporation: address required for ach officer name. City Name Address City State Name Address Address Address City State Name Address Address Address City State Name Address | mber: sas Secretary of State issued number. st match name on record with Secretary of State. me of resident agent: st be an individual, the business by named in section 2, or an y already registered with our se. Do not leave blank. gistered office in mass for the resident ent: st be a street, rural route, (gihway A PO box is coeptable) City State KS Name Address City State Zp Name Address O not leave blank. City State Zp Name Address City State Zp Name Address City State Zp | mber: sas Secretary of State issued number. me of corporation: st match name on record with Secretary of State. me of resident agent: st be an individual, the business by named in section 2, or an by already registered with our se. Do not leave blank. gistered office in mass for the resident ent: st be a street, rural route, girway. A PO box is coceptable. City State Zp KS Zinte Zp KS Address City State Zp City State Zp City State Zp City State Zp City State Zp City State Zp City State Zp City Name Address City State Zp City State Zp City State Zp City Name Address O not leave blank. | |

| 5b. | Name and address of each director of corporation: | Name Address | | | | | | | | |
|---|--|------------------------------------|--------|----------------|---------------------------|-------------|-------|-------------|----------------|--|
| | Leave this question | | | | | | | | | |
| | blank if the directors and officers are the same. | City | | | State | Zip | | Country | | |
| | | Name | | | | | | | | |
| | | Address | | | | | | | | |
| | | City | State | Zip | Zip Country | | | | | |
| | | Name | | | | | | | | |
| Address | | | | | | | | | | |
| | If additional space is needed, please provide attachment . | City | | | | Zip | | Country | | |
| 6. | Duration of corporation upon restoration: | The corporation shall be perpetual | OR | The corpor | ation's date shall be: | Month | Da | у | Year | |
| A majority of the stock of the corporation that was outstanding and entitled to vote upon an amendment to the articles of incorporation to change the period of the corporation's duration at the time of expiration by limitation have voted in favor of a resolution to restore the articles of incorporation, or that, if applicable, in lieu of a meeting and vote of stockholders, the stockholders have given their consent to the restoration in accordance with K.S.A. 17-6518, and amendments thereto. | | | | | | | | | | |
| 7. | I declare under penalty of | perjury pursuant to t | he lav | vs of the stat | te of Kans | as that the | foreg | oing is tru | e and correct. | |
| Sign | ature of Authorized Person | | | | | | | | | |
| Х | | | | | | | | | | |