

Please  
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Staple

**RLP**  
53-08

**KANSAS SECRETARY OF STATE**  
**Reinstatement of Limited**  
**Liability 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 the articles of incorporation **must be complete** and accompanied by the **correct filing fee** or the document will **not** be accepted for filing.

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this document is <b>\$35</b> . An <b>\$85</b> penalty fee also applies if the reason for forfeiture is failure to timely file the annual report.
<input type="checkbox"/> <b>Payment</b>	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will be rejected. <b>Please do not send cash.</b>  <b>NOTICE: There is a \$25 service fee for all checks returned by your financial institution.</b>
<input type="checkbox"/> <b>Fax filing available</b>	Documents may be fax filed for a processing fee of <b>\$20 in addition</b> 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 <b>Business Services, 785-296-4570</b> . 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"/> <b>Mailing requirement</b>	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 <b>same envelope</b> .
<input type="checkbox"/> <b>Entity name</b>	If the business entity name currently on file with the Secretary of State's office is <b>not</b> available at the time of reinstatement, you may change the entity name on the reinstatement form by following this instruction: On <b>question 2</b> , list the entity name currently on file, and state that it is changing to a new name.  For example: <b>ABC, Inc changing its name to DEF, Inc</b>
<input type="checkbox"/> <b>Contact phone number</b>	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"/> <b>No duplicate copies</b>	Please do not send duplicate copies of your document. The original is processed, and returned to you by mail.
<input type="checkbox"/> <b>No email</b>	We cannot accept any filings by email, except for the MA mailing address change form.
<input type="checkbox"/> <b>No filing by phone</b>	No documents or reports can be filed with our office by phone.
<input type="checkbox"/> <b>No staples</b>	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"/> <b>Public Information</b>	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  
**Reinstatement of Limited  
Liability Partnership, p. 2**  
Instructions for Annual Reports

**Kansas Office of the Secretary of State:**

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Topeka, KS 66612-1594 www.sos.ks.gov

**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 liability partnership**

Must match name on record with Secretary of State.

[Empty field for Name of limited liability partnership]

**3. State/Country of organization**

[Empty field for State/Country of organization]

**4. 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 <b>KS</b>	Zip

**5. 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 Partner

Name of Signer (Printed or Typed)

[Signature and Name of Signer fields]