

SECRETARY OF STATE  
STATE OF MONTANA  
LINDA McCULLOCH

Business Services Division



Montana State Capitol  
PO Box 202801  
Helena, MT 59620-2801  
(406)444-3665  
<http://www.sos.mt.gov>

Re: \_\_\_\_\_  
(Exact name of Corporation or Limited Liability Company being reinstated)

To bring your domestic Corporation/LLC back into compliance with state statutes, you will need to submit an application for reinstatement, any delinquent annual reports, and a Title 15 tax clearance certificate (*see reinstatement application for tax certificate requirement*), along with the required filing fees.

Also, if you had any **Assumed Business Names/dba's** for your Corporation/LLC, you will need to complete and submit a new registration for them, because they were canceled at the time of your dissolution.

Please fill out all forms and submit them all together along with the appropriate filing fees to the Secretary of State's office at the above address.

**YOUR COST FOR REINSTATEMENT**

**Filing fee for Reinstatement**

(*see reinstatement application for appropriate filing fees*)

\$ \_\_\_\_\_

**Express Handling Fee** (only if applicable)

(*see reinstatement application for express handling fees*)

\$ \_\_\_\_\_

**Filing fees for Annual Reports** (for years marked)

_____ 2009 (\$30.00)	_____ 2012 (\$30.00)
_____ 2010 (\$30.00)	_____ 2013 (\$30.00)
_____ 2011 (\$30.00)	_____ 2014 (\$15.00 if between January 1 <sup>st</sup> & April 15 <sup>th</sup> \$30.00 after April 15th)

**Total for all Annual Reports**

\$ \_\_\_\_\_

**Total for Assumed Business Names** (if applicable)

(*\$20.00 per Assumed Business Name application*)

\$ \_\_\_\_\_

**Total for Reinstatement**

\$ \_\_\_\_\_

**Please note:** For most reinstatements a **Title 15 Tax Clearance** certificate must be obtained **from** the Department of Revenue (*see reinstatement application for tax certificate requirement*). We have enclosed instructions and a request form for obtaining the certificate. You must include the **signed** original of the Title 15 Certificate with your reinstatement packet.

If you have any further questions, please give our customer service representatives a call at 444-3665.

Reception: (406) 444-2034 - Business Services Bureau: 444-3665 - Elections Bureau: 444-4732  
Administrative Rules Bureau: 444-2055 - Records Management Bureau (1320 Bozeman Avenue): 444-9000  
Fax: 444-3976 <http://sos.mt.gov>

# STATE OF MONTANA

REINSTATEMENT or REVIVER  
DOMESTIC or FOREIGN CORPORATION  
APPLICATION

**MAIL:** **LINDA McCULLOCH**  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801

**PHONE:** (406) 444-3665  
**FAX:** (406) 444-3976  
**WEB SITE:** [sos.mt.gov](http://sos.mt.gov)



Prepare, sign and submit with an original signature and filing fee.

**This is the minimum information required.**

(This space for use by the Secretary of State only)

## Filing Fee:

Dom. Reinstatement \$30.00 plus Annual Reports  
Dom. Nonprofit Reinstatement \$10.00 plus Annual Reports  
Domestic & Foreign Reviver \$15.00 plus Annual Reports  
☐ 24 Hour Priority Handling check box and **Add \$20.00**  
☐ 1 Hour Expedite Handling check box and **Add \$100.00**

## PLEASE CHECK ONE BOX:

- ☐ Domestic Reinstatement ([35-6-201, MCA](#))
- ☐ Domestic Nonprofit Reinstatement ([35-6-201, MCA](#))
- ☐ Domestic Reviver ([15-31-524, MCA](#))
- ☐ Foreign Reviver ([15-31-524, MCA](#))

1. The exact name of the corporation is: \_\_\_\_\_
2. The assets of the corporation have not been liquidated pursuant to [Sections 35-1-938 through 35-1-943, MCA](#), if a profit corporation, or Sections [35-2-726 through 35-2-727, MCA](#), if a nonprofit corporation.
3. Not less than a majority of its directors have authorized this Application of Reinstatement or Reviver
4. If the corporate name has been legally acquired by another corporation prior to its application for reinstatement, the corporation desires to be reinstated with the new name of: **(It is not necessary to complete this unless the business name has been taken by another entity.)**  
\_\_\_\_\_
5. **For Domestic or Foreign Reviver:** The corporation submits with this application a [Certificate of Reinstatement of Suspended Corporation](#) obtained from the Department of Revenue evidencing payment of delinquent taxes.
6. **For Domestic Reinstatement:** The corporation submits a certificate from the Department of Revenue stating that all taxes imposed pursuant to [Title 15, MCA](#), have been paid as well as the delinquent annual corporation reports for which the corporation was dissolved, with their respective filing fees.
7. I HEREBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this application are true.

\_\_\_\_\_  
Signature of Officer or Chair of the Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
Exact Name and Title of Authorized Person

Daytime Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **HELP SHEET: Reinstatement or Reviver, Domestic or Foreign, Application**

This form is to be used to revive any corporation having suffered a suspension or forfeiture or to reinstate any dissolved corporation, restoring its right to transact business in Montana.

Application for reviver is to be made by any stockholder or creditor of the corporation or by a majority of the surviving trustees or directors less than one year from the date of suspension or forfeiture. If more than a year elapses before an application for reviver is submitted, the corporation shall pay twice the amount of the tax and penalties due the state for the taxable year for which they were delinquent.

For reinstatement, this form is to be completed by a person who was an officer or director of the corporation at the time of its dissolution not more than five years after the dissolution.