



All information on the certificate of reinstatement must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

- 1. **FILING FEE:** The filing fee for the reinstatement is **\$35**. An **\$85** penalty fee also must be submitted for all for-profit entities that forfeited for failure to timely file their annual report and pay the annual report fee or franchise tax.
- 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. Reinstatements received without the appropriate fee will not be accepted for filing. Please do not send cash.
- 3. **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.

<u>Annual reports with tax year ending:</u>	<u>Franchise tax calculation:</u>	<u>Minimum:</u>	<u>Maximum:</u>
Prior and up to 2000	\$1 for every \$1,000 of the company's net capital accounts	\$35	\$2515
2001 to November 2004	\$2 for every \$1,000 of net worth company's net capital accounts	\$55	\$5015
December 2004 to present	N/A		\$55 flat filing fee

*Use the attached Franchise Tax Computation Worksheet to help you determine how much tax is due for each year.

- 4. **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**.
- 5. **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, LP changing its name to DEF, LP**

- 6. **RESIDENT AGENT:** The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
- 7. **REGISTERED OFFICE:** The registered office is the address where the resident agent is located.
- 8. **MAILING ADDRESS:** If the entity's mailing address where you would like to receive official mail from the Secretary of State's office needs to be updated, please include the mailing address change (Form MA) with the reinstatement. If the new mailing address is indicated on an annual report filed with the reinstatement, the MA form is not necessary.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

RL**53-08****KANSAS SECRETARY OF STATE****Reinstatement of Limited Partnership****CONTACT: Kansas Office of the Secretary of State**

Memorial Hall, 1st Floor
 120 S.W. 10th Avenue
 Topeka, KS 66612-1594

(785) 296-4564
 kssos@sos.ks.gov
 www.sos.ks.gov

Above space is for office use only.

INSTRUCTIONS: *All information must be completed or this document will not be accepted for filing.
 Please read instructions sheet before completing.*

1. Business entity ID number:

This is not the Federal Employer ID Number (FEIN)

2. Name of the limited partnership:

Name must match the name on record with the Secretary of State

3. State/Country of organization:**4. The name of the resident agent and address of the registered office in Kansas:**

*Address must be a street address
 A P.O. box is unacceptable*

*Name**Street Address**City**Kansas**State**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 general partner**Date (month, day, year)**Name of signer (printed or typed)*



***HELPFUL REMINDERS (The “zero rule”)** If the corporation has a zero entry in “Total in KS” and a zero entry in “Total Everywhere,” the “Percent to KS” is 100 percent, not 0 percent (K.S.A. 17-7501). If the corporation has a numerical entry other than zero in “Total in KS” and a zero entry in “Total Everywhere,” “Percent to KS” is 100 percent, not 0 percent.

Please use the following calculation for tax years ending through the year 2000:

	Total in KS		Total Everywhere		Percent to KS
1. Average value of real and tangible personal property owned or rented during the taxable year:	\$ _____	divided by	\$ _____	=	_____ %*
2. Compensation paid:	\$ _____	divided by	\$ _____	=	_____ %*
3. Sales:	\$ _____	divided by	\$ _____	=	_____ %*
4. Average percentage of the three percentages (Add percentages and divide by three):					_____ %

Tax Computation

5. Net worth (Total shareholders equity):		\$ _____
6. Average percent (line 4):		_____ %
7. Multiply line 5 by line 6:		\$ _____
8. Multiply line 7 by .001. This is the franchise tax:		\$ _____
9. Administrative fees:		\$ 15 _____
10. Total Due (line 8 + line 9)		\$ _____

Please use the following calculation for tax years ending 2001 to November 2004:

	Total in KS		Total Everywhere		Percent to KS
1. Average value of real and tangible personal property owned or rented during the taxable year:	\$ _____	divided by	\$ _____	=	_____ %*
2. Compensation paid:	\$ _____	divided by	\$ _____	=	_____ %*
3. Sales:	\$ _____	divided by	\$ _____	=	_____ %*
4. Average percentage of the three percentages (Add percentages and divide by three):					_____ %

Tax Computation

5. Net worth (Total shareholders equity):		\$ _____
6. Average percent (line 4):		_____ %
7. Multiply line 5 by line 6:		\$ _____
8. Multiply line 7 by .002. This is the franchise tax:		\$ _____
9. Administrative fees:		\$ 15 _____
10. Total Due (line 8 + line 9)		\$ _____