

Form **LLC-35.40/**
45.65 September 2000

Illinois
Limited Liability Company Act

This space for use by
Secretary of State

Jesse White
Secretary of State
Department of Business Services
Limited Liability Company Division
351 Howlett Building
Springfield, IL 62756
www.cyberdriveillinois.com

**APPLICATION FOR REINSTATEMENT
FOLLOWING ADMINISTRATIVE DISSOLUTION
OR REVOCATION**

Submit in Duplicate
Must be typewritten

This space for use by Secretary of State

Date:
Assigned File #:
Filing Fee: \$500
Approved:

*Payment must be made by certified check,
cashier's check, Illinois attorney's check,
Illinois C.P.A.'s check or money order
payable to Secretary of State.*

1. Limited Liability Company name as of the date of issuance of the notice of dissolution or revocation: _____

If applicable, new name of the Limited Liability Company (Form LLC 5.25 or LLC 45.25 must accompany this application):

2. File number assigned by Secretary of State: _____

3. State of Organization: _____

4. Date notice of dissolution or revocation issued: _____

5. Registered agent: _____

First Name Middle Initial Last Name

Registered Office: _____

(P.O. Box and Number Street Suite #

c/o are unacceptable) _____

City ZIP Code County

This application is accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required.

I affirm under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

Dated _____, _____
(Month & Day) (Year)

(Signature)

(Type or print Name and Title)

(If applicant is a company or other entity, write name of company and indicate whether it is a member or manager of the LLC.)