

Illinois
Limited Liability Company Act

FILE #: _____
This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

**Application for Reinstatement Following
Administrative Dissolution or Revocation**

SUBMIT IN DUPLICATE

Type or print clearly.

This space for use by Secretary of State.

Date:

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 Notice of Dissolution or Revocation:

If applicable, New Name of Limited Liability Company (Form LLC 5.25 or LLC 45.25 must accompany this application):

2. State of Organization: _____

3. Date Notice of Dissolution or Revocation issued: _____

4. Registered Agent: _____
First Name Middle Initial Last Name

Registered Office: _____
Number Street Suite #

(P.O. Box and c/o are unacceptable) _____
City ZIP Code

Note: If the Registered Agent and/or Office Address has changed since dissolution or revocation, the filing of form LLC 1.36/1.37 is required.

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

Name and Title (type or print)

If applicant is a company or other entity, state Name of Company and whether it is a member or manager of the LLC.