

STATE OF MONTANA

REINSTATEMENT or REVIVER
for DOMESTIC or FOREIGN
LIMITED LIABILITY COMPANY
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

Prepare, sign, 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:

- Domestic Reinstatement \$35.00 plus annual reports
- Domestic Reviver \$15.00 plus annual reports
- 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 ([35-8-912, MCA](#))
- Domestic Reviver ([15-31-524, MCA](#))
- Foreign Reviver ([15-31-524, MCA](#))

1. The exact name of the limited liability company is:

2. The date of the administrative dissolution was: _____
3. The assets of the limited liability company have not been liquidated.
4. That the grounds for dissolution have been eliminated pursuant to [35-8-912, MCA](#).
5. Not less than a majority of its members have authorized this Application of Reinstatement/Reviver.
6. If the limited liability company name has been legally acquired by another business entity prior to its Application for Reinstatement, the limited liability company desires to be reinstated with the new name of:

7. **For Domestic or Foreign Reviver:** The limited liability company submits with this application a Certificate of Reinstatement of Suspended Limited Liability Company obtained from the Department of Revenue evidencing payment of delinquent taxes.
8. **For Domestic Reinstatement:** Attached are all Annual Reports as required by the Montana Secretary of State and
 - a) Pursuant to [35-8-912, MCA](#), a certificate from the Montana Department of Revenue stating that all taxes imposed pursuant to Title 15 have been paid **must be attached**. You may contact them at (406) 444-6900; PO Box 5805, Helena, MT 59620-5805.
OR
 - b) Check this box if this is a "single member" limited liability company that is **not taxed as a corporation**. Pursuant to [35-8-912, MCA](#) a certificate from the Montana Department of Revenue **is not required**.
9. **I, HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true.

Signature of Managing Member/Manager Date

Daytime Contact phone: _____ Email: _____

HELP SHEET: Application of Reinstatement or Reviver Domestic or Foreign

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

Application for reviver is to be made by any stockholder or creditor of the limited liability company or by a majority of the surviving trustees or managing managers/members 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 limited liability company 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 a managing manager/member of the limited liability company at the time of its dissolution not more than five years after the dissolution.

Please note the change in section 8 regarding reinstating a Montana limited liability company. If the domestic entity is a "single member limited liability company and is not taxed as a corporation; it is not required to obtain a tax certificate from the Montana Department of Revenue when filing a domestic reinstatement.

GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

ALL INFORMATION PUBLIC

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

Express Handling

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an **additional** \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and include an **additional** \$100.00 with your filing fee.
- **Please note:** If your documents are returned for deficiencies and upon resubmittal you request either of the Express Services **you must also remit** a new priority (\$20.00) or expedite (\$100.00) handling fee.

SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State
PO Box 202801
Helena, MT 59620-2801

CONTACT US

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

DO NOT STAPLE PAYMENT TO FILING FORM