

INSTRUCTIONS

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY [35-8-912 MCA](#)

IT IS YOUR RESPONSIBILITY TO FULLY READ THESE INSTRUCTIONS PRIOR TO COMPLETING THE APPLICATION FOR REINSTATEMENT

GENERAL INFORMATION: This form is used to reinstate any involuntarily dissolved domestic Limited Liability Company (LLC). An LLC administratively dissolved under the provisions of [35-8-209, MCA](#), may apply to the Secretary of State's office for reinstatement within 5 years after the effective date of dissolution to restore its right to carry on business in this state and become active and in good standing again. The LLC that is reinstated will relate back to the date the LLC was administratively dissolved within the 5-year period, and the LLC is considered to have been an existing legal entity from the date of its original organization. In order for an LLC to be reinstated, within 5 years of the date of involuntary dissolution, an Application for Reinstatement and all annual reports for the years from the date of the involuntary dissolution to the current year must be filed with the Secretary of State's office. The filing fee for the Reinstatement application is \$35.00, plus additional fees for each Annual Report. Please refer to the form for mailing instructions, and other general information. If you wish to have priority or expedite handling, additional fees will apply. For reinstatements, only one \$20.00 priority fee is submitted for the reinstatement and annual reports packet, or only one \$100.00 expedite fee is submitted for the reinstatement and annual reports packet.

PLEASE NOTE - REPROCESSING FEES – Business Services documents rejected and resubmitted for processing will be assessed a reprocessing fee at 50% of the initial filing fee. The reprocessing fee will help offset operating costs associated with reprocessing the document. To avoid repaying the full required filing fee, the rejection letter accompanying your returned document must be returned with your resubmitted document.

Foreign (out-of-state) entities cannot file for reinstatement.

Item #1: Enter the entity name of the LLC exactly as it is currently registered with the Secretary of State's office.

Item #2: Enter the business mailing address (including city, state, and zip code) of the LLC listed in item #1.

Item #3: This statement is required by statute confirming that the assets of the LLC have not been liquidated.

Item #4: This statement is required by statute confirming that a majority of the LLC's members have authorized the Application for Reinstatement.

Item #5: If the current entity name of the LLC is no longer available or in use by another entity, it will be necessary to change the name. Please enter the new name under which you will be transacting business. Please note: if the current name is available for reinstatement, you will not be able to change the name on this form. If you wish to change the name of the LLC, you may submit an Articles of Amendment form to change the name, for an additional \$15.00, once the LLC is active and in good standing.

Item #6: Please attach annual report--one for each of the year you have been involuntarily dissolved (within the 5-year period window).

And: (a) Attach a Title 15 Tax Certificate from the Montana Department of Revenue stating taxes have been paid or are current.

Or: Check mark box **(b)** if this LLC is a single member LLC **and the single member has elected not to be taxed as a corporation, indicating the Tax Certificate is not necessary.**

Item #7: A manager or member currently on record with our office must sign the application and designate their title as either member or manager.

Item #8: Please be aware that all filings with this office are public record and are available upon request via the Secretary of State's website. Your phone number and e-mail address, if entered, will be part of the public record. **Do not include your Social Security Number on this form.**

SECRETARY OF STATE
STATE OF MONTANA

Business Services Division



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

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

To bring your domestic Corporation/Limited Liability Company back into compliance with state statutes, submit an application for reinstatement, any delinquent annual reports, and a Title 15, MCA, tax clearance certificate from the [Montana Department of Revenue](http://sos.mt.gov/), along with the required filing fees.

Also, if you had registered any **Assumed Business Names/dba's** for your Corporation/Limited Liability Company, 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 required forms and submit them 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)
_____ 2011 (\$35.00) _____ 2014 (\$35.00)
_____ 2012 (\$35.00) _____ 2015 (\$35.00)
_____ 2013 (\$35.00) _____ 2016 (\$20.00 if between January 1st and April 15th
\$35.00 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, MCA, Tax Clearance** certificate must be obtained from the Montana 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, MCA, Certificate with your reinstatement packet.

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



STATE OF MONTANA

Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

APPLICATION for REINSTATEMENT for DOMESTIC
LIMITED LIABILITY COMPANY [35-8-912, MCA](#)

MAIL: Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

(This space for Secretary of State use only)

Folder ID Number: _____
The folder number begins with a "C" and may be
referenced at <https://www.mtsosfilings.gov>.

Required Filing Fee: \$35.00 plus annual reports
 24 Hour Priority Handling check box and **Add \$20.00**
 1 Hour Expedite Handling check box and **Add \$100.00**

Make checks payable to Secretary of State.
If the document is hand written, please print legibly or the application may be denied.

- The exact name of the Limited Liability Company:

- The business mailing address of its principal office: _____
City: _____ Zip Code: _____
- The assets of the Limited Liability Company have not been liquidated.
- A majority of the Limited Liability Company's members have authorized this Application of Reinstatement.
- 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:

- 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 [Department of Revenue](#) stating that all taxes imposed pursuant to [Title 15, MCA](#), 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 Limited Liability Company has only one member and has elected **not to be taxed as a corporation**. Pursuant to [35-8-912, MCA](#), a certificate from the Montana Department of Revenue **is not required**.
- I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature of Managing Member/Managing Manager Date

Printed Name Title

8. Daytime Contact: Phone _____ Email _____