

STATE OF MONTANA

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)

REINSTATEMENT of DOMESTIC or FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP APPLICATION [35-12-620, MCA](http://sos.mt.gov)



MAIL: LINDA McCULLOCH Secretary of State P.O. Box 202801 Helena, MT 59602-2801  
PHONE: (406) 444-3665  
FAX: (406) 444-3976  
WEBSITE: [sos.mt.gov](http://sos.mt.gov)

Required Filing Fee: \$15.00

- 24 Hour Priority Handling check box and Add \$20.00
- 1 Hour Expedite Handling check box and Add \$100.00

1. The name of the Limited Partnership or Limited Liability Limited Partnership is:

\_\_\_\_\_  
(The name must contain the words LIMITED PARTNERSHIP or LIMITED LIABILITY LIMITED PARTNERSHIP in full or the abbreviation LP or LLLP.)

2. The certificate of limited partnership was cancelled on: \_\_\_\_\_

3. The [Limited Partnership/Limited Liability Limited Partnership renewal form](#) is completed and attached with the additional filing fee.

4. The name and address of the agent for the service of the process in Montana:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different than street address): \_\_\_\_\_

City: \_\_\_\_\_ State: MT Zip Code: \_\_\_\_\_

5. The name and business mailing address of each general partner (attach list if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If the partnership name has been legally acquired by another entity prior to its Application for Reinstatement the partnership desires to be reinstated with the new name of (must satisfy the requirements of [35-12-505, MCA](#)):

\_\_\_\_\_

7. By my signature below, I, a general partner of the above named partnership, do state that I signed this statement on behalf of the above named partnership and that the statements therein contained are true, under penalty of false swearing.

\_\_\_\_\_  
Signature of General Partner

\_\_\_\_\_  
Date

Daytime Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 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**