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Secretary of State
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Charleston, WV 25305



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Corporations Division
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Hrs: 8:30 a.m. - 5:00 p.m. ET

FILE ONE ORIGINAL
(Two if you want a filed
stamped copy returned to you)
FEE: See Statement Below

**WEST VIRGINIA APPLICATION FOR
REINSTATEMENT OF A REVOKED OR
ADMINISTRATIVELY DISSOLVED
LIMITED LIABILITY COMPANY**

****In accordance with the Code of West Virginia, the undersigned organization adopts the following Articles of Reinstatement of its Limited Liability Company****

1. The name of the organization is: _____
2. Date the organization was revoked or administratively dissolved by the WV Secretary of State's Office: _____

Read the following statements and check the boxes accordingly: (be sure you have met ALL the requirements below to reinstate before submitting your application)

- The organization states that the reason for revocation or dissolution has been eliminated and that the name satisfies the name requirements as required in the West Virginia Code.
- The organization has obtained a **letter of good standing** from the **West Virginia Tax Department**, which recites that, all taxes owed by the company have been paid, **and the letter of good standing or a copy of the letter is hereby attached to this application for reinstatement.**
- Attached is the annual report required to be filed by the company.
- Included with the reinstatement documents is payment of \$25 for the reinstatement application, \$100 delinquent fee and \$25 for the delinquent annual report that is being submitted (Total Amount: **\$150**). Each year an annual report is due by **June 30th**.

Total Amount Enclosed: _____

Contact name and number of person to reach in case of problem with filing: (optional, however, listing one may help to avoid a return or rejection of filing if there appears to be a problem with the document)

Name: _____ Phone: _____

Signature of person executing document:

Signature: _____ Title: _____

Annual Report for _____(year) Limited Liability Companies
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1. **Name of Organization:** _____

2. **Organization or Qualification Date:** _____ **In which state:** _____

3. **Tax ID: #** _____ **County Code:** _____ **Business Class Code:** _____

4. **Principal Office Address:**

5. **Principal Mailing Address:**

6. **Name and Mailing Address of person to whom notice of process may be sent:**

*If new agent furnish new agents signature: _____

7. **Business email address to whom correspondence may be sent:** _____

8. **Manager Information:** Complete this section only, if you were set up as a manager-managed company. List the name and address of each manager having signature authority to sign filings (attach additional page if necessary):

Name	Mailing Address
-------------	------------------------

Manager _____

Manager _____

9. **Member Information:** Complete this section only, if you were set up as a member-managed company. List the name and address of each member having authority to sign filings (attach additional page if necessary):

Name	Mailing Address
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Member _____

Member _____

Member _____

10. **Report must be signed in the name of the company by a: (1) manager of a manager-managed company or (2) member of a member-managed company.**

Signature: _____ Date Signed: _____

Title/Capacity of Person Signing: _____ Telephone: _____