Natalie E. Tennant
Secretary of State
1900 Kanawha Blvd E.
Bldg 1, Suite 157-K
Charleston, WV 25305

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 CORPORATION, LIMITED PARTNERSHIP, VOLUNTARY ASSOCIATION OR BUSINESS TRUST

Penney Barker, Manager
Corporations Division
Tel: (304)558-8000
Fax: (304)558-8381
www.wvsos.com
Hrs: 8:30 a.m. - 5:00 p.m. ET

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

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 Date the organization was revoked or administratively dissolved by the WV Secretary of State's Office: _____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)
Corporations, Limited Partnerships, Voluntary Associations, and/or Business Trusts

1. **Name of Organization:** _____

2. **Incorporation 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. **List names and addresses of the entity's parent company, if any. Also, list each entity's subsidiaries that are licensed to do business in WV. Please check whether each name is a parent or a subsidiary by checking the appropriate box for each line (P for parent, S for subsidiary) Attach additional sheet if necessary.**

P	S	Organization Name	Mailing Address
P	S	Organization Name	Mailing Address

9. **Officer/Partner/Member Information:** List the name and address of each officer/partner/member having authority to sign filings (attach additional pages if necessary):

Title	Name	Mailing Address

10. **Report must be signed for the organization by a: (1) officer of a corporation, (2) general partner of a limited partnership (3) member or officer of a voluntary association or business trust.**

Signature: _____ Date Signed: _____

Title/Capacity of Person Signing: _____ Telephone: _____