

Form **LLC-35.40/45.65** July 2017

Illinois
Limited Liability Company Act
Application for Reinstatement Following
Administrative Dissolution or Revocation

FILE #
This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$200
Approved:

Total payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order payable to Secretary of State.

1. Limited Liability Company name as of the date of issuance of Notice of Dissolution or Revocation:

2. If applicable, new name of Limited Liability Company (Form LLC 5.25 or LLC 45.25 must accompany this application):

3. State of organization: _____

4. Date Notice of Dissolution or Revocation issued: _____

5. Registered agent:

First Name Middle Initial Last Name

Registered office:

Number Street Suite #

(P.O. Box alone or c/o is unacceptable.)

IL

City ZIP Code

Note: If the registered agent and/or office address has changed since dissolution or revocation, complete form LLC 1.36/1.37 and submit with this application.

This application is accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required.

I affirm under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

Dated: _____, _____
Month/Day Year

Signature

Name and Title (type or print)

If applicant is signing for a company or other entity, state name of company or entity.