

**STATE OF ALABAMA**

**DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF REINSTATEMENT**

PURPOSE: In order to form a limited liability company (LLC) under Section 10A-5A-7.07 AND 10A-5A-7.08 of the Code of Alabama 1975 this Certificate Of Reinstatement with the appropriate filing fees must be filed with the Office of the Secretary of State.

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$100.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616**. If the credit card does not authorize or if the check is dishonored, the filing will be removed from the index and of no legal effect. In the case of a dishonored check, a \$30 fee will be charged.

**This form must be typed.**

1. The name of the Limited Liability Company from the Certificate of Formation:

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2. Alabama Entity ID Number (Format: 000-000): \_\_\_\_\_ - \_\_\_\_\_ **TO OBTAIN ID NUMBER** Go to our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**
3. The name of limited liability company following reinstatement, which limited liability company name shall comply with Section 10A-5A-7.09.

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4. The original date of formation of the limited liability company: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)
5. The date of dissolution of the limited liability company being: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)
6. The undersigned certifies that all applicable conditions of Section 10A-5A-7.07 have been satisfied.

This form was prepared by: (type name and full address)

**(For SOS Office Use Only)**

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF REINSTATEMENT**

7. The name of the Registered Agent (only one agent): \_\_\_\_\_

Street (**No PO Boxes**) address of Registered Office (**must be located in Alabama**):

\_\_\_\_\_ **COUNTY:** \_\_\_\_\_

Mailing address **in Alabama** of Registered Office (if different from street address):

8. The filing of the limited liability company reinstatement is effective immediately on the date filed with the Secretary of State in accordance with Section 10A-5A-7.10.

9. A copy of the certified true and complete copy of the limited liability company certificate of formation **must be attached.**

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature as required by 10A-5A-2.04

\_\_\_\_\_  
Typed Name of Above Signature

\_\_\_\_\_  
Typed Title (Organizer or Attorney-in-fact)

**Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:** If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (generally these fees are between 2% and 5% of the total charge).

**Information MUST be typed or filing will be returned without review.**

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

AL Entity ID #, required for all filings other than formation/registration: \_\_\_\_\_ - \_\_\_\_\_ (ex: 000-000)

Service Requested:  \$100.00 Reinstatement filing fee

Hold at Front Desk for Pick-up by: \_\_\_\_\_

**There is no notification service/call for pick-up.** (Service providers who run couriers for pick-up)

**Choose one of the following:**

\_\_\_\_\_ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

\_\_\_\_\_ Charge fees to prepaid account: Account Number \_\_\_\_\_

and Account Name \_\_\_\_\_

\_\_\_\_\_  
Typed Name & Signature of Authorized Individual on Account

\_\_\_\_\_ Credit Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Card Number: \_\_\_\_\_ Expiration Mo/Yr.: \_\_\_\_/\_\_\_\_ (MM/YY)

Card Holder Name: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_

Street or PO

\_\_\_\_\_  
City

State

Zip

Signature of Card Holder: \_\_\_\_\_

**MUST be Signature of Card Holder**