

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

PURPOSE: In order to reinstate 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 and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the Limited Liability Company's Certificate of Formation was originally filed.

INSTRUCTIONS: Submit one (1) signed original and two (2) copies of this completed form, a true and complete copy (certified copy) of the Limited Liability Company's Certificate of Formation and the appropriate filing fees to the Office of the Judge of Probate where the limited liability company's (LLC) certificate of formation was originally filed. **Contact the Judge**

of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of \$25.00** for standard filing **or \$125.00 for expedited service** (processed within 24 hours after the date of receipt). The Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is filed. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by the Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

(For County Probate Office Use Only)

This form must be typed or laser printed.

1. Alabama Entity ID Number (Format: 000-000): _____ - _____
 2. The name of the limited liability company as recorded on the Certificate of Formation (before reinstatement):
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This form was prepared by: (type name and full address)

(For SOS Office Use Only)

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF REINSTATEMENT

3. The name of the limited liability company following reinstatement, which limited liability company name shall comply with Section 10A-5A-7.09

4. The original date of formation of the limited liability company: ____/____/____(MM/DD/YYYY)

5. The date of dissolution of the limited liability company: ____/____/____(MM/DD/YYYY)

6. The undersigned certifies that all applicable conditions of Section 10A-5A-7.07 have been satisfied.

7. Name of the registered agent located at the registered office (Only one agent):

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

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 Judge of Probate 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/Title of Above Signature

NOTE: You will not receive a credit card receipt from the Secretary of State's Office and the office personnel will not be able to search credit card transactions to help you balance your accounts. **Please do not use this option if you need a receipt.**

Secretary of State Credit Card Payment Option Sheet: Check with the County Probate Judge's Office in which you will be filing prior to filing to make sure that the credit card payment and/or expedite payment will be accepted. **If the County Probate Office does not accept either option, the options are not available for this filing.**

This information must be typed or the filing will be returned to the filer without indexing so that the information may be typed.

(for your convenience the form is fill-able as part of the computer form @ www.sos.alabama.gov)

Name of Limited Liability Company: _____

Service Requested: _____ \$25.00 Certificate of Reinstatement filing fee

_____ \$100.00 Expedited Processing fee *

Notice: When a credit card is used for payment of fees a convenience fee is charged by the credit card company (usually between 3% and 5%) and is a part of the total amount charged.

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

*Expedited Processing is available at the Secretary of State's (SOS) Office for an additional \$100.00 fee. The SOS Office will index a filing within twenty-four hours (24) after the date of receipt from the Office of the County Probate Judge. The fee must accompany the filing when it is submitted to the County Probate Judge's Office – we will not be able to search for filings to match with expedite fees sent separately once they are in the workflow.