

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-7.8 of the Code of Alabama 1975 this Certificate Of Reinstatement with the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located

INSTRUCTIONS: Mail 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 in the county where the limited liability company's (LLC) registered office is/will be located. 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** 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. Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov. You may search by entity name or number. Under the business services tab, click on Business Entity Search, click on Entity Name, The six (6)-digit number containing a dash to the left of the name is the entity ID number. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). 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 (\$30 fee).

(For County Probate Office Use Only)

The information completing this form must be typed

1. The name of the limited liability company:

2. Alabama Entity ID Number (Format: 000-000): _____ - _____ **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

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

(For SOS Office Use Only)

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3. The name of 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 being: ____/____/____ (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 in the county of formation located in Alabama:

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

Mailing address in Alabama or Registered Office must be in located in Alabama:

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 of Above Signature

Typed Title (Organizer or Attorney-in-fact)

