

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)
CERTIFICATE OF REINSTATEMENT

PURPOSE: In order to form a Limited Liability Company (LLC) under Sections 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 2 copies of this completed form along with a self-addressed, stamped envelope to:

***Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

*Include a check, money order, or credit card payment for the \$100.00 processing fee.

*The request is only accepted via mail or courier and will not be accepted via email.

*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed and will not be accepted via email.

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

2. Alabama Entity ID Number (Format: 000-000): _____ - _____ **TO OBTAIN ID NUMBER** go to our website at 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 must comply with Section 10A-5A-7.09. (If the previous registered name is no longer available, you must add reinstated after the name.)

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.

(For SOS Office Use Only)

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

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.

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 Box

City State Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder