

Instructions for Filing

APPLICATION FOR REINSTATEMENT FOLLOWING ADMINISTRATIVE DISSOLUTION OF LIMITED LIABILITY COMPANY

- Item 1** Enter the complete name of the limited liability company exactly as it appears on the records of the North Carolina Dept. of the Secretary of State.
- Item 2** Enter the effective date of the administrative dissolution of the limited liability company. The date must be stated in the month/day/year format.
- Item 3** Enter the grounds that existed for the administrative dissolution of the Limited Liability Company.
- Item 4** Select either A or B as appropriate and insert a brief explanation explaining the selection.

Date and Execution

Enter the date the document was executed.

In the blanks provided enter:

- The name of the limited liability company as it appears in item 1.
- The signature of the Manager or other Company Official of the limited liability company executing the document.
- The name and title of the above-signed representative.

State of North Carolina
Department of the Secretary of State

**APPLICATION FOR REINSTATEMENT FOLLOWING ADMINISTRATIVE DISSOLUTION OF
LIMITED LIABILITY COMPANY**

Pursuant to §57D-6-06(c) of the North Carolina General Statutes, the undersigned limited liability company hereby submits this Application for Reinstatement Following Administrative Dissolution:

1. The name of the applicant limited liability company is: _____.
2. The effective date of the administrative dissolution of the applicant limited liability company was: _____.
3. The ground or grounds for administrative dissolution of the applicant limited liability company as stated in its Certificate of Dissolution was or were: _____.
4. Complete either (a) or (b) as appropriate:
 - (a) The grounds stated above for the administrative dissolution of the applicant Limited Liability Company did not exist.
(Insert brief explanation.) _____
_____.
 - (b) The grounds stated above for the administrative dissolution of the applicant Limited Liability Company have been eliminated. (Insert brief explanation.) _____
5. Enclosed is a fee of \$100.00 as required by §57D-1-22(18) of the North Carolina General Statutes.
This the _____ day of _____, 20_____.

Name of Limited Liability Company

Signature

Type or Print Name and Title

- Notes:
1. Filing fee for this Application for Reinstatement is \$100.00, payable by check made to the order of the Secretary of State.
 2. This Application must be filed with the Secretary of State.