

Instructions for Filing

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

- Item 1** Enter the complete name of the limited liability partnership 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 partnership. 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 Partnership.
- 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 partnership as it appears in item 1.
- The signature of a General Partner of the limited liability partnership 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 PARTNERSHIP**

Pursuant to §59-84.4 of the North Carolina General Statutes, the undersigned limited liability partnership hereby submits this Application for Reinstatement Following Administrative Dissolution:

1. The name of the applicant limited liability partnership is:\_\_\_\_\_.
2. The effective date of the administrative dissolution of the applicant limited liability partnership was:\_\_\_\_\_.
3. The ground or grounds for administrative dissolution of the applicant limited liability partnership 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 Partnership did not exist.  
(Insert brief explanation.) \_\_\_\_\_  
\_\_\_\_\_.
  - (b) The grounds stated above for the administrative dissolution of the applicant Limited Liability Partnership have been eliminated. (Insert brief explanation.)\_\_\_\_\_.
5. Enclosed is a fee of \$100.00 as required by §59-84.4 of the North Carolina General Statutes. This  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Limited Liability Partnership

\_\_\_\_\_  
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.