



APPLICATION FOR REINSTATEMENT

TO: OKLAHOMA SECRETARY OF STATE
421 N.W. 13th, Suite 210
Oklahoma City, Oklahoma 73103
(405) 522-2520

PLEASE NOTE:

- ❖ **All** delinquent annual certificates and fees due for each year **must** be attached to the Application for Reinstatement form. There is **no** additional fee due for the Application for Reinstatement form itself.

I hereby execute the following articles for the purpose of reinstating either a limited liability company pursuant to the provisions of Title 18, Section 2055.2, or a limited partnership pursuant to the provisions of Title 54, Section 810A:

1. Name of the business entity:

2. **State** or other jurisdiction of its formation:

3. **Date** the business entity ceased to be in good standing:

**Limited Liability Company
Acknowledgement**

If the business entity is a **Limited Liability Company**, then the Application for Reinstatement **must** be signed by a **manager**.

- Signature of Manager: _____ Dated: _____
- Printed Name: _____

**Limited Partnership
Acknowledgement**

If the business entity is a **Limited Partnership**, then the Application for Reinstatement **must** be signed by a **general partner**.

- Signature: _____ Dated: _____
- Printed Name: _____ Title: _____
- Printed Name of **General Partner**: _____

**Oklahoma Secretary of State
Request to receive
documents electronically**

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

Return filed documents electronically

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)