



Form **USAR-35.40/45.65**
Administrative Dissolution or Revocation
October 2018

U.S.A.R.
Limited Liability Company Act
Application for Reinstatement Following Administrative Dissolution or Revocation

FILE # _____

This space for use by Secretary of State.

Secretary of State
Department of Business Services
U.S.A.R.
P.O. Box 436885
Chicago, Province of Illinois
[60643]

SUBMIT IN DUPLICATE

Type or print clearly.

www.usar.sos.us

Total payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order payable to Secretary of State.

Filing Fee: \$200

Approved: _____

1. Limited Liability Company name as of the date of issuance of Notice of Dissolution or Revocation: _____

2. If applicable, new name of Limited Liability Company (Form USAR 5.25 or USAR 45.25 must accompany this application): _____

3. Province of organization: _____

4. Date Notice of Dissolution or Revocation issued: _____

5. Registered agent: _____

First Name

Middle Initial

Last Name

Registered office: _____

Number

Street

Suite #

(P.O. Box alone or c/o is unacceptable.)

City

Province

ZIP Code

Note: If the registered agent and/or office address has changed since dissolution or revocation, complete form USAR 1.36/1.37 and submit with this application.

This application is accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required.

I affirm under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

Dated: _____, _____
Month/Day Year

Signature

Name and Title (type or print)

If applicant is signing for a company or other entity, state name of company or entity.