



Wyoming Secretary of State
 State Capitol Building, Room 110
 200 West 24th Street
 Cheyenne, WY 82002-0020
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 Fax 307.777.5339
 Email: Business@wyo.gov

For Office Use Only

Limited Liability Company Application for Certificate of Reinstatement

A limited liability company administratively dissolved under W.S. 17-29-705 may apply to the Secretary of State for reinstatement within two (2) years after the effective date of dissolution.

1. Limited liability company name:

2. Effective date of its administrative dissolution:
(Date – mm/dd/yyyy)

3. Grounds for dissolution have been eliminated.

Signature: _____
(Shall be executed by a member, manager, or other authorized individual as set forth in the operating agreement.)

Date: _____
(mm/dd/yyyy)

Print Name:

Title: _____ Contact Person: _____

Daytime Phone Number: _____

Email: _____

Checklist

Check one box only:

- (a) **Failure to file annual report** - if the limited liability company was administratively dissolved for failure to file its annual report and pay the annual license tax, all delinquent reports must accompany this form along with the \$50.00 reinstatement fee and the taxes for each delinquent report.
- (b) **Failure to maintain registered agent** - if the limited liability company was administratively dissolved for failure to maintain a registered agent and/or registered office in this state, a completed statement of change of registered agent/office and registered agent consent must accompany this form along with the reinstatement fee of \$50.00 together with a penalty of \$250.00 for a total fee of \$300.00 plus any delinquent annual reports and taxes due.

Make check or money order payable to Wyoming Secretary of State.

Please submit one **originally signed** document and one exact photocopy of the filing.

Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.



Consent to Appointment by Registered Agent

I, _____, registered office located at _____
(name of registered agent)

voluntarily consent to serve

* *(registered office physical address, city, state & zip)*

as the registered agent for _____
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Print Name: _____ Daytime Phone: _____

Title: _____ Email: _____

Registered Agent Mailing Address
 (if different than above):

***If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Checklist

Submit one **originally signed** consent to appointment and one exact photocopy.

