



The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Application for Reinstatement of Authority to Transact Business (General Laws Chapter 156D, Section 15.32; 950 CMR 113.56)

FORM MUST BE TYPED

(1) Exact name of corporation: _____

(2) Effective date of revocation: _____
(month, day, year)

(3) The name of the corporation satisfies the requirements of G.L. Chapter 156D, Section 4.01 and Section 15.06, or
if the name is unavailable, the name under which it will transact business in the commonwealth: _____

If applicable, please attach:

- an agreement to refrain from use of the unavailable name in the commonwealth; and
- a copy of the doing business certificate filed in the city or town where it maintains its registered office; and
- a copy of the resolution of the corporation's board of directors, certified by its secretary, the name under which the corporation will transact business in the commonwealth pursuant to 950 CMR 113.50(4).

(4) The grounds for revocation:

(check appropriate box)

- did not exist.
- have been eliminated.

(5) The following information is required to be included in the foreign corporation certificate of registration pursuant to G.L. Chapter 156D, Section 15.03:

(a) Exact name of the corporation, including any words or abbreviations indicating incorporation:

(b) Name under which the corporation will transact business in the commonwealth that satisfies the requirements of G.L. Chapter 156D, Section 15.06: _____

If applicable, please attach:

- an agreement to refrain from use of the unavailable name in the commonwealth; and
- a copy of the doing business certificate filed in the city or town where it maintains its registered office; and
- a copy of the resolution of the corporation's board of directors, certified by its secretary, the name under which the corporation will transact business in the commonwealth pursuant to 950 CMR 113.50(4).

(c) Jurisdiction of incorporation: _____

Date of incorporation: _____ Duration if not perpetual: _____
(month, day, year)

(d) Street address of principal office: _____
(number, street, city or town, state, zip code)

(e) Street address of registered office in the commonwealth: _____
(number, street, city or town, state, zip code)

Name of registered agent in the commonwealth at the above address: _____

I, _____
registered agent of the above corporation consent to my appointment as registered agent pursuant to G. L. Chapter 156D, Section 5.02.*

(f) Fiscal year end: _____
(month, day)

(g) Brief description of the corporation's activities to be conducted in the commonwealth:

* Or attach registered agent's consent hereto.

(h) Names and business addresses of its current officers and directors:

	NAME	BUSINESS ADDRESS
President:		
Vice-president:		
Treasurer:		
Secretary:		
Assistant secretary:		
Director(s):		

Attach certificate of legal existence or a certificate of good standing issued by an officer or agency properly authorized in the jurisdiction of organization. If the certificate is in a foreign language, a translation thereof under oath of the translator shall be attached.

(6) Attach a certificate from the Commonwealth of Massachusetts Department of Revenue reciting that all corporate excise taxes and any related penalties have been paid or a request to the Department of Revenue for this certificate.

(7) The Division shall:

(check appropriate box)

- reinstate the corporation without limitation.*
- limit reinstatement to a specified period of time not to exceed one year.

Signed by: _____,

(signature of authorized individual)

- Chairman of the board of directors,
- President,
- Other officer,
- Court-appointed fiduciary,

on this _____ day of _____, _____.

**The corporation must file annual reports for the previous ten (10) fiscal years, if not previously filed.*

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

**Application for Reinstatement
of Authority to Transact Business**
(General Laws Chapter 156D, Section 15.32; 950 CMR 113.56)

I hereby certify that upon examination of this application for reinstatement, duly submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said application; and the filing fee in the amount of \$ _____ having been paid, said application is deemed to have been filed with me this _____ day of _____ 20____ at _____ a.m./p.m. _____
time

Effective date: _____
(must be within 90 days of date submitted)

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Filing fee: \$100

Examiner

TO BE FILLED IN BY CORPORATION
Contact Information:

Name Approval

C

M

#A.R.

Telephone: _____

Email: _____

Upon filing, a copy of this filing will be available at www.sec.state.ma.us/cor.
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.