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The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

**Foreign Limited Liability Company
Application For Reinstatement
Following Administrative Revocation
(General Laws Chapter 156C, Section 71)**

(1) Exact name of foreign limited liability company:

(2) Resident agent office address:

Name of the resident agent at resident agent office: _____

(3) Effective date of the foreign limited liability company's administrative revocation: _____

(month, day, year)

(4) The grounds for administrative revocation *(check appropriate box)*:

did not exist.

have been eliminated.

(5) The foreign limited liability company's name satisfies the requirements of G.L. Chapter 156C, Section 3 or the limited liability company shall simultaneously submit a certificate of amendment to change its name to a name that satisfies the requirements of G.L. Chapter 156C, Section 3.

(6) The reinstatement of the foreign limited liability company shall be effective at the time and on the date approved by the Division.

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.

Signed by *(signature of authorized signatory)*: _____,

on this _____ day of _____, _____.

COMMONWEALTH OF MASSACHUSETTS

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

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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*

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Examiner

Filing fee: \$100

Name approval

#A.R.

TO BE FILLED IN BY
FOREIGN LIMITED LIABILITY COMPANY
Contact Information:

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.