

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

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**Application For Reinstatement
Following Administrative Dissolution**
(General Laws Chapter 156D, Section 14.22; 950 CMR 113.47)

(1) Exact name of corporation: _____

(2) Registered office address: _____
(number, street, city or town, state, zip code)

Name of the registered agent at registered office: _____

(3) Effective date of the corporation's administrative dissolution: _____
(month, day, year)

(4) The grounds for administrative dissolution:

(check appropriate box)

- did not exist.
- have been eliminated.

(5) The corporation's name satisfies the requirements of G.L. Chapter 156D, Section 4.01.

(6) The reinstatement of the corporation shall be effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date and time of filing is specified: _____

(7) 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.

(8) The Division shall:

(check appropriate box)

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

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

Signed by: _____,
(signature of authorized individual)

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

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

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

Examiner

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Name approval

Filing fee: \$100

#A.R.

TO BE FILLED IN BY CORPORATION
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.