WEST VIRGINIA APPLICATION FOR REINSTATEMENT OF REVOKED OR ADMINISTRATIVELY DISSOLVED LIMITED LIABILITY COMPANY
Form LLD-10
Rev. 6/2018

West Virginia Secretary of State
Business & Licensing Division
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov

FILE ONE ORIGINAL
(Two if you want a filed stamped copy returned to you.)
FILING FEE: See fees below.

****** In accordance with West Virginia Code, the undersigned organization adopts the following ******
Articles of Reinstatement of its Limited Liability Company.

1. The name of the organization is: _____

2. Date of revocation or administrative dissolution by the WV Office of Secretary of State: _____

3. **Read the following statements and check the boxes accordingly** (Be sure you have **met ALL the requirements below** to reinstate **before** submitting your application to avoid it being rejected and returned to you as incomplete.):

☐ The organization states that the reason for revocation or dissolution has been eliminated and that the name satisfies the name requirements as required in the West Virginia Code (*this box must be checked*).

☐ **REQUIRED** - The organization has obtained a **Letter of Good Standing** from the **West Virginia State Tax Department**, which recites that all taxes owed by the company have been paid, **AND** the **letter, or a copy of the letter, is hereby attached to this application for reinstatement**. Your application will be REJECTED and RETURNED to you as incomplete if the letter is not included with this application. Visit the "MyTaxes" web site at https://mytaxes.wvtax.gov/. Select the "Request Letter of Good Standing" link to complete the online request form GSR-01. **NOTE: The State Tax Dept. no longer accepts paper requests, unless the request is for a third party release or the taxpayer has no access to a computer. If no access, contact the Tax Dept. at the contact information below to request a paper form.**

To obtain a Letter of Good Standing:	**West Virginia State Tax Department**	**Phone Numbers:**
- Visit MyTaxes at https://mytaxes.wvtax.gov/.	ATTN: TPS - Support Unit	(304) 558-3333
- Select "Request Letter of Good Standing."	PO Box 885	(800) 982-8297
- Fill out the online request form GSR-01.	Charleston, WV 25323-0885	

☐ **REQUIRED** - Attached is the **annual report** required to be filed by the company. **The report MUST BE SIGNED.**

☐ All organizations, except *Limited Liability Partnerships*: Must include with the reinstatement documents a payment of $25 for the reinstatement application fee, a late fee of $50 (for a profit organization) or $25 (for a non-profit organization), plus $25 for the delinquent annual report fee that is being submitted. *Each year an an annual report is due by **July 1st**.*

- **For profit** total amount = **$100**
- **Non-profit** total amount = **$75**

Total Amount Enclosed: $ _____

Contact name and number of person to reach in case of problem with filing (*optional, however, listing one may help to avoid a rejection of filing if there appears to be a problem with the document*):

Name: _____ Phone: _____

Signature of person executing document (see below ****Important Legal Notice Regarding Signature***):

Signature: _____ **Title:** _____ **Date:** _____

****Important Legal Notice Regarding Signature*:** Per **West Virginia Code §31B-2-209. Liability for false statement in filed record.** If a record authorized or required to be filed under this chapter contains a false statement, one who suffers loss by reliance on the statement may recover damages for the loss from a person who signed the record or caused another to sign it on the person's behalf and knew the statement to be false at the time the record was signed.

Important Note: This form is a public document. Please **DO NOT provide any personal identifiable information on this form** such as social security numbers, bank account numbers, credit card numbers, tax identification or driver's license numbers.

Annual Report for filing year _____ (enter the CURRENT calendar year) for Limited Liability Companies
(per WV Code **59-1-2a**)

Important Note: This form is a public document. Please **DO NOT provide any personal identifiable information on this form** such as social security numbers, bank account numbers, credit card numbers, tax identification or driver's license numbers.

1. **Name of the Organization:** _____

2. **Incorporation or Qualification Date:** _____ **In which state:** _____

3. **County:** _____ **County Code:** ____ **Business Class Code:** _____ (If you do not know the codes, you may leave this section blank.)

4. **Principal Office Address:**
   Address 1: _____
   Address 2: _____
   City: _____ State: _____ Zip Code: _____

5. **Principal Mailing Address:**
   Address 1: _____
   Address 2: _____
   City: _____ State: _____ Zip Code: _____

6. **Name and Mailing Address of person (agent) to whom notice of legal process may be sent, if any:**
   Name: _____
   Address 1: _____
   Address 2: _____
   City: _____ State: _____ Zip Code: _____

*If new agent, furnish **new agent's signature**: _____

7. **Business E-mail Address** where business correspondence may be sent: _____
8. **Website address** of the business, if any (*ex: yourdomainname.com*): _____
9. **Total number of employees**: _____
10. **Total number of West Virginia residents**: _____
11. Is this a **minority owned business**? ☐ **Yes** ☐ **No** ☐ **Decline to answer**
12. Is this a **woman owned business**? ☐ **Yes** ☐ **No** ☐ **Decline to answer**
13. Do you **own or operate more than one business in West Virginia**? ☐ **Yes** * *Answer **a. and b.** below.* ☐ **No** ☐ **Decline to answer**

    If "**Yes**"... a. How many businesses? _____ b. Located in how many West Virginia counties? _____

14. **Veteran Employees and Veteran Owner Information**:
    a. Does your organization **employ individuals who are United States Armed Forces veterans**? ☐ **Yes*** ☐ **No** ☐ **Decline to answer**

    * If "**Yes**," enter the total number of veterans it employs. _____

    b. Is(Are) the **owner(s) of the organization a United States Armed Forces veteran(s)?** ☐ **Yes** ☐ **No** ☐ **Decline to answer**

**** **IMPORTANT** **** In the following sections (items #15 OR #16), answer ONLY the item which applies to your entity type, either **MEMBER-MANAGED OR MANAGER-MANAGED**, NOT BOTH. If you are unsure which type the LLC is registered as, please contact the West Virginia Secretary of State's Office Business and Licensing Division for further assistance at 1-877-826-2954 or 304-558-8000 to determine its management structure.

15. **MEMBER Information:** Complete this section **ONLY** if you were set up as a **MEMBER-managed** company. List the name and address of each member having signature authority to sign filings (attach additional page if necessary):

Member Name	No. & Street Address	City	State	Zip Code

... OR ...

16. **MANAGER Information:** Complete this section **ONLY** if you were set up as a **MANAGER-managed** company. List the name and address of each manager having signature authority to sign filings (attach additional page if necessary):

Manager Name	No. & Street Address	City	State	Zip Code

17. **REPORT MUST BE SIGNED for the organization by a: (1) MEMBER of a member-managed company OR (2) a MANAGER of a manager-managed company.**

Signature: _____ **Date:** _____

Title/Capacity of signer: _____ **Phone:** _____

Reset Form Print Form

READ INSTRUCTIONS BELOW CAREFULLY BEFORE SUBMITTING YOUR APPLICATION!

MAKE CHECK, MONEY ORDER, OR CASHIER'S CHECK PAYABLE TO: West Virginia Secretary of State

MAIL COMPLETED APPLICATION, ATTACHED ANNUAL REPORT, AND WEST VIRGINIA STATE TAX DEPARTMENT STATEMENT OF GOOD STANDING (*NOT* THE STATE TAX DEPARTMENT "REQUEST FOR STATEMENT OF GOOD STANDING" FORM GSR-01) WITH PAYMENT TO ONE OF THE BUSINESS CENTERS BELOW:

Charleston Office	Clarksburg Office	Martinsburg Office
One-Stop Business Center	**North Central WV Business Center**	**Eastern Panhandle Business Center**
1615 Washington Street East	200 West Main Street	229 E. Martin Street
Charleston, WV 25311	Clarksburg, WV 26301	Martinsburg, WV 25401
Phone: (304) 558-8000	Phone: (304) 367-2775	Phone: (304) 356-2654
Fax: (304) 558-8381	Fax: (304) 627-2243	Fax: (304) 260-4360
Hours: Mon. - Fri. 8:30a - 5:00p EST	Hours: Mon. -Fri. 9:00a - 5:00p EST	Hours: Mon. - Fri. 9:00a - 5:00p EST

West Virginia Secretary of State
Business & Licensing Division
Tel: (304) 558-8000
Fax: (304) 558-8381
Website: www.wvsos.gov

Rev. 9/2018

Filing Submission Instructions - Business Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.
Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE CUSTOMER ORDER REQUEST FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (*SEE FEES BELOW*).

CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

1 EXPEDITED SERVICE (**24-hour**, **2-hour** and **1-hour**; *Requires standard filing fee plus additional expedite fee, *see below*)

Expedite Service	*Fee	EXPEDITED SERVICE requests may be submitted by:
24-Hour	$ 25.00	- E-mail to efilings@wvsos.gov
2-Hour	$250.00	- Fax
1-Hour	$500.00	- Walk in delivery

2 STANDARD PROCESSING (**5-10 business days**)

Standard filing fees apply.

STANDARD PROCESSING requests may be submitted by:
- **E-mail to CorpFilings@wvsos.gov**
- **Fax**
- **Walk in delivery (drop off service only filed within 5-10 business days)**

INCLUDE PAYMENT:
Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the e-Payment Authorization form with your filing. Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

BUSINESS SERVICE CENTERS
Standard and Expedited Filings

Charleston Office
One-Stop Business Center
1615 Washington Street East
Charleston, WV 25311
Phone: (304) 558-8000
Fax: (304) 558-8381
Hours: Mon. - Fri. 8:30a - 5:00p EST

Clarksburg Office
North Central WV Business Center
200 West Main Street
Clarksburg, WV 26301
Phone: (304) 367-2775
Fax: (304) 627-2243
Hours: Mon. -Fri. 9:00a - 5:00p EST

Martinsburg Office
Eastern Panhandle Business Center
229 E. Martin Street
Martinsburg, WV 25401
Phone: (304) 356-2654
Fax: (304) 260-4360
Hours: Mon. - Fri. 9:00a - 5:00p EST

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Rev. 9/2018

Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

STOP

READ CAREFULLY BEFORE SUBMITTING - Expedite service is NOT AVAILABLE for the following filings:

>> **Tax Department filings including Sole Proprietorships, General Partnerships, and Associations**
>> **Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust**

Order Processing Requested*: * * * Expedite Processing Requires Additional Fees * * *

☐ **Standard** Processing**
(Avg. processing turnaround **5-10 business days**)

Email to: CorpFilings@wvsos.gov

☐ **24-HOUR** Expedite***
(additional **$25.00** fee included)

☐ **2-HOUR** Expedite
(additional **$250.00** fee included)

☐ **1-HOUR** Expedite
(additional **$500.00** fee included)

Email to: eFilings@wvsos.gov

*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.
****Standard Processing** applications received by **E-MAIL** or **FAX must include the e-Payment Authorization form with credit card information.**
***NOTE: Orders filed in person through any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR Expedite fee of $25.00 per order.**

Name of Entity: _____

Return filing to:
(Return Address) _____

Contact Name: _____ Phone: _____

Return Delivery Options: Email or Fax options do not receive a copy via mail; must be ordered separately.

☐ Email to: _____ ☐ Fax to: _____

☐ Hold for Pick Up ☐ Mail to Return Address above ☐ FedEx: Acct # _____

☐ Other (explain below): ☐ UPS: Acct # _____

Order Description (include items being ordered and fee breakdown):

* **PLEASE NOTE:** Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. **Certified copy requests are an additional $15 per certified copy being requested.**

Total Amount:

Payment Method:

☐ **Check/Money Order** ☐ **Credit Card** (*Must attach* **e-Payment Authorization** *request form including payment information.*)

☐ **Cash** (*Do Not mail cash*) ☐ **Pre-paid Acct #:** _____ **Attach signed pre-paid slip.**

MAC WARNER
Secretary of State
State Capitol Building
Charleston, WV 25305
Phone: (304) 558-6000
Website: www.sos.wv.gov

24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "EXPEDITE" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your "**24-HOUR EXPEDITE"** request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is $25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

Time Constraints: Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional $250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional $500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.

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Rev. 11/2017

e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

Service Type: ☐ Fax ☐ E-mail ☐ Mail

Payment by Card *(card holder name and billing address required below)*

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit Card Number: V Code*

* 3-digit number on back of VISA, MasterCard and Discover cards.
4-digit number on front right side of American Express card.

NOTICE: *For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.*

Credit Card Expiration Date: Month: Year:

Amount to Charge Card: USD $

Order Information *(required)*

Entity Name:

Card Holder Information:

Name as it appears on the account

Billing Address

City State Zip Code

Telephone Ext.

Payment Information Storage Authorization *(optional)*

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

X Date

Authorized Signature

Payment Authorization *(required)*

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X Date

Authorized Signature

Reset Form

Not to Exceed Amount: USD $