

**WEST VIRGINIA APPLICATION FOR REINSTATEMENT OF
REVOKED OR ADMINISTRATIVELY DISSOLVED
CORPORATION, LIMITED PARTNERSHIP, LIMITED LIABILITY
PARTNERSHIP, VOLUNTARY ASSOCIATION, OR BUSINESS
TRUST**

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

Form CO-LP-RE

Rev. 07/2026

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 organization

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 Division**, 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 Div. 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 Div. at the contact information below to request a paper form.**

To obtain a Letter of Good Standing: - Visit MyTaxes at https://mytaxes.wvtax.gov/. - Select "Request Letter of Good Standing." - Fill out the online request form GSR-01.	West Virginia State Tax Division ATTN: TPS - Support Unit PO Box 885 Charleston, WV 25323-0885	Phone Numbers: (304) 558-3333 (800) 982-8297
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☐ **REQUIRED** - Attached is the **annual report** required to be filed by the company. **The report MUST BE SIGNED**.

☐ **All organizations must include with the reinstatement documents a payment of:**

- \$25 for the reinstatement application fee
- All delinquent annual report fees (\$25 for each missing year including the current) and
- All late fees for each missing year (include current year if applicable). *Each year an annual report is due by **July 1st**.*
 - **For profit Late fee = \$50 per year**
 - **Non-profit Late Fee = \$25 per year**

Total Amount Enclosed: \$ _____

☐ Only for **Limited Liability Partnerships**: Must include with the reinstatement documents a payment of \$25 for the reinstatement application, plus \$500 for the delinquent annual notice that is being submitted (Total amount = **\$525**). *Each year an annual notice is due by **July 1st**.*

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 §31D-1-129**. **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 fiscal year _____ (enter the CURRENT calendar year) for Corporations,
Limited Partnerships, Voluntary Associations, and/or Business Trusts (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, or driver's license

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 the above sections 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

15. **List names and addresses of the entity's parent company, if any. Also, list each entity's subsidiaries that are licensed to do business in WV. Please check whether each name is a Parent or a Subsidiary by checking the appropriate box next to the appropriate letter ("P" for Parent, "S" for Subsidiary) for each line. Attach additional sheet if necessary.**

	<u>Organization Name</u>	<u>Mailing Address</u>
☐ P ☐ S	_____	_____
☐ P ☐ S	_____	_____

16. **Officer/Partner/Member Information:** List the name and address of each officer/partner/member having authority to sign filings (attach additional pages if necessary):

Officer Title	Officer Name	No. & Street Address	City	State	Zip Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

17. **REPORT MUST BE SIGNED for the organization by a(an):** (1) officer of a Corporation, (2) general partner of a Limited Partnership (3) member or officer of a Voluntary Association or Business Trust.

Signature: _____ **Date:** _____

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

**READ INSTRUCTIONS ON FOLLOWING PAGE 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

One-Stop Business Center

One-Stop Business Center

13 Kanawha Blvd. West

Suite 201

Charleston, WV 25302

Phone: (304) 558-8000

Fax: (304) 558-8381

Hours: Mon. - Fri. 8:30a -

5:00p EST

Clarksburg Office

North Central WV

Business Center

153 West Main Street Suite

G- Third Floor 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



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

CUSTOMER ORDER REQUEST

INCLUDE THIS FORM WITH YOUR FILING

Name of Business on Filing: _____

Contact for Filing:

Name: _____

Phone: _____

Email: _____

Order Description: Please Identify the type of filing or request being made.

EXPEDITING SERVICE OPTIONS*

- ☐ Standard (5-10 business days) - No additional cost
- ☐ In-Person Same Day -\$25 in addition to filing fee
- ☐ Next Business Day - \$25 in addition to filing fee
- ☐ 2 Hour - \$250 in addition to filing fee
- ☐ 1 Hour - \$500 in addition to filing fee

Expediting Service is NOT AVAILABLE for:

-Dissolutions / Withdrawals of Corporations,
Voluntary Associations, or Business Trusts
-Credit Service Organization Registrations
-Trademark Filings
-Sole Proprietor / General Partnership Trade
Names

*Fees apply to each business. Time frame Indicates when the filing will be completed and registered in the Secretary of State database.

Return Information:

Method of Return:

- ☐ Hold for Pick Up
- ☐ Email: _____
- ☐ Specialty Carrier (Please provide return envelope & prepaid label)
- ☐ USPS Mail (standard)

Attention: _____

Street: _____

City: _____ State: _____ Zip code: _____

Please Mail Filing to Any Secretary of State Hub Office

WV One Stop Business Center

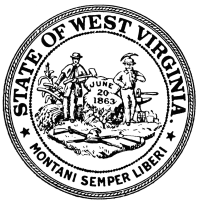
13 Kanawha Blvd. W.
Suite 201
Charleston, WV 25302

North Central WV Business Hub

153 West Main Street
Suite G - Third Floor
Clarksburg, WV 26301

Eastern Panhandle Business Hub

229 East Martin Street
Martinsburg, WV 25401



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

Next Business Day, 2-Hour, and 1-Hour Expedite Service Guidelines

NEXT BUSINESS DAY 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 acknowledgment (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.