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

Form CO-LP-RE
Rev. 09/2026

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 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

☐ **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.

West Virginia Secretary of State Rev. 07/2026

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)

Beginning July 1, 2026, businesses that have filed annual reports on time for at least 5 years may be eligible to apply for biennial reporting. Please visit Onestop.wv.gov to complete your annual report filing and elect to file biennial reports going forward.

Important Note:
DO NOT provide any personal identifiable information on this form.
This form is a public document.

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 code, you may leave the above sections blank.

4) Principal Office Address:
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code_____

5) Principal Mailing Address (if different from Principal Office):
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code_____

6) WV Designated Office Address (if applicable):
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code_____

7) 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**: _____

8) Business E-mail Address where business correspondence may be sent:
_____

9) Website address of the business, if any (ex: yourdomainname.com):
_____

10) Total number of employees: _____
11) Total number of West Virginia resident employees: _____

12) Is this a minority owned business? ☐Yes ☐ No ☐ Decline to Answer

13) Is this a woman owned business? ☐Yes ☐ No ☐ Decline to Answer

14) Do you own or operate more than one business in West Virginia?
☐Yes ☐ No ☐ Decline to Answer
If "Yes"...
a. Number of businesses: _____
b. Number of West Virginia counties they operate in: _____

15) 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", 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

16) 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.

		Organization Name	Mailing Address
☐ **P**	☐ **S**	_____	_____
☐ **P**	☐ **S**	_____	_____

17) **REQUIRED** List the name and address of all members of the Board of Directors of the Corporation, Members of the Voluntary Association, General Partners of the LP, or Trustees of the Business Trust (attach additional page if necessary). Note: Non-profit Corporations must maintain 3 or more directors.

Name	**Mailing Address**	**City**	**State**	**Zip Code**

18) **REQUIRED** List the title, name, and address of all Officers (attach additional page if necessary)

Title	Name	Mailing Address	City	State	Zip Code

19) **REPORT MUST BE SIGNED** for the organization by an Officer of the entity.

Signature: _____ **Date:** _____

Capacity: _____ **Phone:** _____

FILING FEE: If **paid by JUNE 30** deadline . . . $25

If paid **after JUNE 30** deadline . . . $75 (includes $50 late fee)

If paid **after JUNE 30** deadline for Non-Profit Organizations... $50 (includes $25 late fee)

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

MAIL COMPLETED REPORT AND PAYMENT TO ONE OF THE BUSINESS CENTERS BELOW:

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

Secretary of State 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.