All information on the certificate of reinstatement must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

☐ 1. FILING FEE: The filing fee for the reinstatement is **$35**. An **$85** penalty fee also must be submitted for all for-profit entities that forfeited for failure to timely file their annual report and pay the annual report fee or franchise tax. 

☐ 2. PAYMENT: Please enclose a check or money order payable to the Secretary of State. Reinstatements received without the appropriate fee will not be accepted for filing. Please do not send cash.

☐ 3. PAST DUE ANNUAL REPORT FEES/OR FRANCHISE TAXES: To determine fees and/or taxes owed, please refer to the chart below for the tax years for which you are filing past due annual reports.

<table>
<thead>
<tr>
<th>Annual reports with tax year ending:</th>
<th>Franchise tax calculation:</th>
<th>Minimum:</th>
<th>Maximum:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior and up to 2000</td>
<td>$1 for every $1,000 of the company’s net capital accounts</td>
<td>$35</td>
<td>$2515</td>
</tr>
<tr>
<td>2001 to November 2004</td>
<td>$2 for every $1,000 of the company’s net capital accounts</td>
<td>$55</td>
<td>$5015</td>
</tr>
<tr>
<td>December 2004 to present</td>
<td>N/A</td>
<td>$55 flat filing fee</td>
<td></td>
</tr>
</tbody>
</table>

*Use the attached Franchise Tax Computation Worksheet to help you determine how much tax is due for each year.

☐ 4. MAILING REQUIREMENT: The reinstatement and all past due annual reports and unpaid fees or taxes must be filed at the same time. Please make sure all documents, fees and/or taxes are mailed in the **same envelope**.

☐ 5. ENTITY NAME: If the business entity name currently on file with the Secretary of State’s office is **not** available at the time of reinstatement, you may change the entity name on the reinstatement form by following this instruction: On question 2, list the entity name currently on file, and state that it is changing to a new name. For example: **ABC, LLP changing its name to DEF, LLP**

☐ 6. MAILING ADDRESS: If the entity’s mailing address where you would like to receive official mail from the Secretary of State’s office needs to be updated, please include the mailing address change (Form MA) with the reinstatement. If the new mailing address is indicated on an annual report filed with the reinstatement, the MA form is not necessary.

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**STAY UP-TO-DATE ON YOUR ORGANIZATION’S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.**

**NOTICE:** There is a $25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.
### KANSAS SECRETARY OF STATE

**Reinstatement of Limited Liability Partnership**

**INSTRUCTIONS:** All information must be completed or this document will not be accepted for filing.

*Please read instructions sheet before completing.*

1. **Business entity ID number:**
   - This is not the Federal Employer ID Number (FEIN)

2. **Name of limited liability partnership:**
   - Name must match the name on record with the Secretary of State

3. **State/Country of organization:**

4. **The name of the resident agent and address of the registered office in Kansas:**
   - Agent must be an individual or person authorized to do business in Kansas
   - Address must be a street address; a P.O. box is unacceptable

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

5. **I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.**

<table>
<thead>
<tr>
<th>Signature of partner</th>
<th>Date (month, day, year)</th>
</tr>
</thead>
</table>

   **Name of signer (printed or typed)**
HELPFUL REMINDERS (The “zero rule”) If the corporation has a zero entry in “Total in KS” and a zero entry in “Total Everywhere,” the “Percent to KS” is 100 percent, not 0 percent (K.S.A. 17-7501). If the corporation has a numerical entry other than zero in “Total in KS” and a zero entry in “Total Everywhere,” “Percent to KS” is 100 percent, not 0 percent.

**Please use the following calculation for tax years ending through the year 2000:**

<table>
<thead>
<tr>
<th>Total in KS</th>
<th>Total Everywhere</th>
<th>Percent to KS</th>
</tr>
</thead>
<tbody>
<tr>
<td>$__________ divided by $__________ = _________%*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$__________ divided by $__________ = _________%*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$__________ divided by $__________ = _________%*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Average percentage of the three percentages (Add percentages and divide by three):

   __________%

**Tax Computation**

5. Net worth (Total shareholders equity):

   $__________

6. Average percent (line 4):

   _________%

7. Multiply line 5 by line 6:

   $__________

8. Multiply line 7 by .001. This is the franchise tax:

   $__________

9. Administrative fees:

   $15

10. Total Due (line 8 + line 9)

    $__________

**Please use the following calculation for tax years ending 2001 to November 2004:**

<table>
<thead>
<tr>
<th>Total in KS</th>
<th>Total Everywhere</th>
<th>Percent to KS</th>
</tr>
</thead>
<tbody>
<tr>
<td>$__________ divided by $__________ = _________%*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$__________ divided by $__________ = _________%*</td>
<td></td>
<td></td>
</tr>
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<td>$__________ divided by $__________ = _________%*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Average percentage of the three percentages (Add percentages and divide by three):

   __________%

**Tax Computation**

5. Net worth (Total shareholders equity):

   $__________

6. Average percent (line 4):

   _________%

7. Multiply line 5 by line 6:

   $__________

8. Multiply line 7 by .002. This is the franchise tax:

   $__________

9. Administrative fees:

   $15

10. Total Due (line 8 + line 9)

    $__________