

Please  
Do Not  
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**RL**

KANSAS SECRETARY OF STATE  
**Certificate of Reinstatement of Limited Liability Company, Limited Liability Partnership, or Limited Partnership**

## GENERAL FILING INSTRUCTIONS

All information on this form **must be complete** and accompanied by **the correct filing fee, and all past due annual reports** or the document will **not** be accepted for filing.

<b>Filing fee</b>	<p>The filing fee for this document is <b>\$35</b>. An <b>\$85</b> penalty fee also applies if the reason for forfeiture is failure to timely file the annual report.</p> <p>See Annual Report Fee Schedule for annual report fees/franchise taxes owed.</p>
<b>Payment</b>	<p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. <b>Please do not send cash.</b></p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p><b>Credit card number</b> _____</p> <p><b>Billing zip code</b> _____ <b>Expiration date</b> _____</p> <p><b>NOTICE: There is a \$25 service fee for all returned checks.</b></p>
<b>Daytime phone and contact person</b>	_____
<b>Mailing requirement</b>	The certificate of 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 <b>same envelope</b> .
<b>Fax filing available</b>	<p>Documents may be fax filed for a processing fee of <b>\$20 in addition</b> to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to <b>Business Services, 785-296-4570</b>. Faxed documents that are without errors and received prior to 4:00 p.m. CT will receive that day's file date. Faxed documents received after 4:00 pm Central Time cannot be guaranteed to receive that day's filing date.</p> <p>Filed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day return faxing.</p>
<b>No duplicate copies</b>	Please do not send duplicate copies of your document. The original is processed, file stamped and returned by mail to the address provided.
<b>No email filing</b>	We cannot accept any filings by email, except for the MA mailing address change form.
<b>No filing by phone</b>	No documents or reports can be filed with our office by phone.
<b>Public Information</b>	All documents filed with our office are available to the public and may be viewed online at <a href="http://www.sos.ks.gov">www.sos.ks.gov</a> without cost. Please consider this when providing information on our forms. Instructions and payment information are not public information and are shredded after use.

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# RL FORM INSTRUCTIONS

**Note: The certificate of reinstatement must be submitted with all annual reports and fee/franchise taxes due from the time of forfeiture. See Annual Report Fee Schedule for annual report fees/franchise taxes owed.**

## Question on Form

**2. Name of entity**

The name of the entity must be the existing name on record with the Secretary of State when the entity forfeited. If the existing name is not available at the time of reinstatement, the entity name on the reinstatement form may be changed by the following method:

List the entity's name as it is currently on file and state that it is changing to the new name.

Example: ABC, LLC changing its name to DEF, LLC

To check name availability, go to <https://www.kansas.gov/businesscenter> and select the **Name Availability** link.

**3. Resident agent**

The resident agent can be an individual, the entity itself, or a business entity that is registered with the Kansas Secretary of State.

**Registered office**

The registered office is the Kansas *street* address where the resident agent is located.

**Series Only:** The resident agent and registered office named on the form RL must match identically to the name and address of the resident agent and registered office for the LLC.

**7. Signature**

**Kansas Entities:** Requires the signature of an authorized person of a limited liability company or limited liability partnership, or a general partner of a limited partnership.

**Foreign (non-Kansas) Entities:** Requires the signature of an authorized person or partner with authority according to the organic documents of the entity in its home state.

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# ANNUAL REPORT FEE SCHEDULE

**Limited liability companies** (use annual report **Form LC**)

**Limited liability partnerships** (use annual report **Form LLP**)

**Limited partnerships** (use annual report **Form LP**)

To determine fees and/or taxes owed, please refer to the chart below for the tax years for which your are filing past due annual reports.

**Annual reports with tax year ending DECEMBER 2004 TO PRESENT:**

**Fee amount:** \$55 flat filing fee

**Annual reports with tax year ending 2001 TO NOVEMBER 2004:**

**Franchise tax calculation:** \$2 for every \$1,000 of net worth

**Minimum amount:** \$55

**Maximum amount:** \$5015

**Annual reports with tax year ending PRIOR AND UP TO 2000:**

**Franchise tax calculation:** \$1 for every \$1,000 of net worth

**Minimum amount:** \$35

**Maximum amount:** \$2515

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Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@ks.gov  
Topeka, KS 66612-1594 https://sos.ks.gov

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THIS SPACE FOR OFFICE USE ONLY.

**Note: The certificate of reinstatement must be submitted with all annual reports and fees/franchise taxes due from the time of forfeiture. See Annual Report Fee Schedule for annual report fees/franchise taxes owed.**

**1. Business entity ID number:**

Not Federal Employer ID Number (FEIN).

**2. Name of LLC or Series:**

Must match name on record with Secretary of State.

**3. The name of resident agent and address of registered office in Kansas**

Must be a street, rural route, or highway. A P.O. box is unacceptable.

**Series only: Must match identically to the LLC's resident agent and registered office.**

Name		
Street Address		
City	State <b>KS</b>	Zip

**4. Mailing address**

Address will be used to send official mail from the Secretary of State's Office.

Name			
Street Address			
City	State	Zip	Country

**5. The limited liability company's articles of organization, limited liability partnership's statement of qualification, limited partnership's certificate of partnership, or the foreign entity's application for authority to do business in Kansas has been forfeited for failure to timely file an annual report and pay the annual report fee or franchise tax, or has been forfeited for failure to designate or maintain a resident agent and registered office.**

**6. This certificate is filed by one or more persons of the limited liability company, limited liability partnership, or limited partnership authorized to execute and file such certificate of reinstatement.**

**7. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.**

Signature of Authorized Person/Partner

X