



## APPLICATION FOR REINSTATEMENT DOMESTIC OR FOREIGN ENTITIES

State Form 4160 (R25 / 02-26)

**INSTRUCTIONS:**

1. Use 8½" x 11" white paper for attachments.
2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
3. For additional forms please visit [in.gov/sos/business/division-forms](http://in.gov/sos/business/division-forms)
4. Make check or money order payable to the Secretary of State.
5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.
6. The Application for Reinstatement must include the following:
  - Certificate of Clearance issued by the Indiana Department of Revenue
  - Completed Business Entity Report and fee for all outstanding years due
7. A Series cannot apply for reinstatement for the Master LLC. The Application for Reinstatement must be submitted by the Master LLC.
8. Before submitting this form, please visit [www.INBiz.in.gov](http://www.INBiz.in.gov) to check if the business name is still available. If the business name is not available, please submit Articles of Amendment with this filing to change the name.

**NOTE:** This application for reinstatement cannot be accepted without a Certificate of Clearance for reinstatement from the Indiana Department of Revenue.

### INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

#### **RETURN DOCUMENTS TO:**

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number (      )	E-mail address (If different from above – SOS use only)	





# APPLICATION FOR REINSTATEMENT DOMESTIC OR FOREIGN ENTITIES

State Form 4160 (R25 / 01-26)

Indiana Code 23-0.5-5-12  
23-0.5-6-3  
23-0.5-9-42

FILING FEE: \$30.00

## SECTION I – ENTITY INFORMATION

Name of entity at the time of its administrative dissolution or revocation in Indiana

For foreign entities only: Legal name in domicile state, if different from above

All business is conducted remotely from a governing person's residence, and the principal office address is a contact address.  
(If you check this box, leave the following line blank and include State Form 9900382 with your filing)

Address of principal office (number and street, city, state, and ZIP code)

Date of incorporation or organization / registration (month, day, year)      Effective date of administrative dissolution or revocation (month, day, year)

Please check the reason why the entity was administratively dissolved or revoked.

- Failure to pay Business Entity Reports  
You must include a completed Business Entity Report and payment for all missed reports.
- Failure to maintain a Registered Agent
- Failure to notify the Secretary of State of change of Registered Agent or registered office information

## SECTION II – REGISTERED AGENT INFORMATION (Do not complete if dissolved / revoked for failure to file Business Entity Reports.)

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to [INBIZ.in.gov](http://INBIZ.in.gov).

Provide either commercial registered agent or noncommercial registered agent information below.

Commercial registered agent      Name of registered agent (Do not provide address.)

OR

Noncommercial registered agent      Name of registered agent

Address (number and street)      City      State **IN**      ZIP code

(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

By checking the box, the Signator(s) represent(s) that the Registered Agent named in this Application for Reinstatement has consented to the appointment of Registered Agent.

## SECTION III - AFFIDAVIT

The undersigned, being at least one of the governing persons of the above-named entity states the following:

- A. that the grounds for dissolution did not exist or have been cured, and;
- B. that the entity's name satisfies the requirements of Indiana Code 23-0.5-3-1.

In Witness Whereof, the undersigned duly authorized representative of said entity, executes this application and verifies, subject to penalties of perjury,

that the statements contained herein are true, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature

Printed name