# REINSTATEMENT DIRECTIONS DOMESTIC CORPORATIONS NONPROFIT CORPORATIONS LIMITED LIABILITY COMPANIES

The following steps must be taken to reinstate your corporation or limited liability company when it has been administratively dissolved. Please direct any questions to our information line at (317) 232-6576 or visit our website at <a href="https://www.IN.gov/sos">www.IN.gov/sos</a>.

**STEP 1** Obtain a Certificate of Clearance from the Indiana Department of Revenue by completing the (AD19) Reinstatement Affidavit and (ROC-1) Responsible Officer Information forms.

This must be completed before anything may be submitted to the Secretary of State's office.

You may either MAIL or DROP OFF the Reinstatement Affidavit and Responsible Officer forms to the Indiana Department of Revenue.

**Mailing Address** 

Indiana Department of Revenue PO Box 6197 Indianapolis, Indiana 46206 (317) 233-4015 Option 6 **Drop off Address** 

Indiana Department of Revenue 100 North Senate Avenue Room N-105 Indianapolis, Indiana 46204

The name of the corporation or limited liability company on the Application for Reinstatement (State Form 4160), Affidavit for Reinstatement (State Form 49514) and the Certificate of Clearance must be **identical** to the name on the records of our office, as provided on original Articles of Incorporation (or Organization).

STEP 2 Wait for the Certificate of Clearance to be mailed to you by the Department of Revenue.

Please allow at least four (4) weeks for processing.

**STEP 3** Complete the Application for Reinstatement (State Form 4160).

**STEP 4** Complete the Business Entity Report (State Form 48725) and pay the filing fees for all the years owed. The filing fees are \$15.00 per year for all for-profit entities and \$10.00 per year for nonprofit entities. **It is not necessary to complete separate forms for each filing year,** as long as the filing fee for each year owed is paid and the **most current** information is provided.

- All sections must be completed on both documents.
- A signature is required on both documents.

To determine amount due, please call (317) 232-6576 or visit www.IN.gov/sos.

# **STEP 5** Mail or hand deliver ALL of the following items together:

- 1) Certificate of Clearance from Department of Revenue
- 2) Application for Reinstatement (State Form 49514)
- 3) Business Entity Report (State Form 48725)
- 4) A check or money order payable to the Secretary of State for the filing fees to the following address:

Secretary of State, Corporations Division

302 W. Washington Street, Room E-018

Indianapolis, Indiana 46204

- **Filing Fees** The filing fee consists of all fees owed for business entity reports plus the Reinstatement fee of \$30.00.
- Call the information line for help determining the correct fees (317) 232-6576.
- Visit our website at www.IN.gov/sos for answers to your questions.
- Do not mail anything to the Secretary of State until you have obtained the Certificate of Clearance from the Department of Revenue.
- All four items listed in step 5 must be mailed TOGETHER.
- Make check or money order payable to the Secretary of State. Do not send cash.

# **AD-19 Indiana Department of Revenue Affidavit for Reinstatement of Domestic Corporation** SF 49514 (R2/10-07)State of Indiana ) ) SS County of \_\_\_\_\_ being duly sworn according to law, affirms that he/she is the \_\_\_\_\_ a corporation organized of (official capacity) under the laws of the State of Indiana, , with its principal office located at address (incorporation date) \_\_\_\_\_, city \_\_\_\_\_\_, state \_\_\_\_ zip \_\_\_\_\_\_, and identified by Federal ID #\_\_\_\_\_, and Indiana sales and/or withholding tax TID # \_\_\_\_\_ and that he/she makes this affidavit for and on behalf of this corporation. He/She states that the books and records of this corporation are kept at \_\_\_\_\_ \_\_\_\_\_, and that this corporation is engaged in the business of in care of . To the best of my belief and knowledge, all of (primary purpose) the said corporation's Indiana taxable income received on and after May 1, 1933, has been included in Indiana income tax returns filed with the Indiana Department of Revenue and that all tax has been paid. The latest Indiana sales and/or withholding tax return were filed for the month/year \_\_\_\_\_\_, under the name of \_\_\_\_\_ That this affidavit is made for the sole purpose of inducing the Indiana Department of Revenue, to issue a notice as provided by the applicable taxing acts to the effect that such corporation has paid all taxes due from it under the taxing acts which will permit the Indiana Secretary of State to reinstate the corporation to active status. Signature

County of Residence Signature

Printed Name

Subscribed before me, a Notary Public in and for said county and state, this \_\_\_\_\_\_ day of \_\_\_\_\_\_, \_\_\_\_\_,

)SS

State of Indiana

Title



# Correct / Change of Responsible Officer Information

This form is available in a PDF 'fillable' format; however, it cannot be submitted electronically, it must be <u>printed</u>, <u>signed</u> and <u>mailed</u> to the <u>address below</u>.

This form can be used to report any changes in the responsible officers for your business. **Note:** You cannot use this form if the Internal Revenue Service has required you to obtain a new Federal Identification Number. A change in Federal Identification Number requires a new registration with the Indiana Department Of Revenue.

	Busines	ss Infor	mation					
Federal Identifica	tion Number (FEIN)	Indiana T	axpayer Ider	itificatio	n Numbe	er (TID)		
Legal Name of the	e Entity							
Doing Business As	s Name (DBA)							
Street Address		City				State	Zip Code	
	Old Responsib	le Office	er Inform	ation				
Social Security No.	Last Name, First Name, Middle Initial, Suffix	Title	Address	City	State	Zip Code	Effectiv start:	e Date end:
	New Responsib	le Offic	er Inform	ation				
Social Security No.	Last Name, First Name, Middle Initial, Suffix	Title	Address	City	State	Zip Code	Begin	Date
I affirm that the	changes provided are correct:						1	
Signature of the Per	son Submitting Changes:				Phone:			
Printed Name of the	Person Submitting Changes:	-	Title:		Date:			
Nata: This are		0	I Ca a	. I I			:41- 10-4-4	0.4

Note: This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory, this record cannot be processed without it.

Questions regarding the completion of this form may be directed to the Indiana Department of Revenue at 317-233-4015.

Mail the completed form to: Indiana Department of Revenue, Tax Administration

P.O. Box 6197, Indianapolis, IN 46206-6197

# **INSTRUCTIONS**

# **Correct/Change of Responsible Officer Information**

**NOTICE:** All information, including the supporting documentation, must be provided before the form will be considered to be a valid request.

If more space is needed to record your changes, you may attach a separate sheet.

# **Business Information Section**

Please provide the following required information:

- 1. Federal (FEIN) and Indiana (TID) Identification Numbers
- 2. Legal names of the entity submitting the change request
- 3. DBA (Doing Business As) Name of the entity (if different from the legal name)
- 4. Business mailing address

# **Old Responsible Officer Information**

Complete all applicable columns. This information is necessary to ensure we identify and remove the correct individual.

**Note:** Supporting documentation establishing a separation date must be provided. Documentation may include: Corporate Minutes, Registration Letter, Financial Documents showing removal as a signatory of bank account, Affidavit from another officer; etc...

# **New Responsible Officer Information**

Complete all applicable columns. This information is necessary to ensure we correctly identify and add the new officer.

**Note:** Supporting documentation must be provided. Documentation may include: Corporate Minutes, Financial Documentation showing the addition of individual as Signatory of Bank Account, Affidavit from another officer; etc...

This change/correction must be submitted <u>and</u> signed by an existing owner, partner or corporate officer before it will be accepted by the Department.

**Note:** The individual submitting this change form request cannot be the person to be deleted as a responsible officer.

# APPLICATION FOR REINSTATEMENT

State Form 4160 (R13 / 6-12) Approved by State Board of Accounts, 2007

Indiana Code 23-1-46-3 (for profit corporation) Indiana Code 23-17-23-3 (for not-for-profit corporation)

**CONNIE LAWSON** SECRETARY OF STATE BUSINESS SERVICES DIVISION

302 W. Washington St., Room E018 Indianapolis, IN 46204 Telephone: (317) 232-6576

THIS APPLICATION CANNOT BE ACCEPTED WITHOUT A CERTIFICATE OF CLEARANCE FOR REINSTATEMENT FROM THE INDIANA DEPARTMENT OF REVENUE. NOTE:

Make check or money order payable to Secretary of State.

INSTRUCTIONS: Application must include the following:

- 1. Certificate of Clearance: Issued by the Indiana Department of Revenue
- 2. Corporate Reports and Fees: Please call our information line at 317-232-6576 to learn what reports are due or log onto the web site at www.sos.in.gov.

**SECTION I - CORPORATE INFORMATION** 

- a. Up to and including 1995, Annual Reports filed every year. Annual Report fee \$15.00
- b. Beginning with 1996, Biennial Reports filed every two (2) years. Biennial Report fee \$30.00
  - Corporations incorporated in an even year, file every even year. Corporations incorporated in an odd year, file every odd year.
- c. Nonprofit corporations file Annual Reports every year.
- Nonprofit corporation Report fee \$10.00
- 3. Reinstatement filing fee: \$30.00 plus business entity report fee.
- 4. Present original and one copy to address in upper right corner of this form.

Name of corporation	Date of incorporation (month, day, year)
Effective date of administrative dissolution (month, day, year)	
Effective date of administrative dissolution (month, day, year)	
SECTION II - AFFIDAVIT OF CORPORATE OFFICER OF DIRE	CTOR
The undersigned, being at least one of the principal officers or a director of the above	ve-named corporation deposes and
says:	·
A. that the grounds for dissolution did not exist or have been eliminated, and;	
B. that the Corporation's name satisfies the requirements of Indiana Code	23-1-23-1, or Indiana Code
23-17-5-1.	
IN WITNESS WHEREOF, the undersigned being the	of
Titl	e
said corporation executes this application and verifies, subject to penalties of	periury, that the statements
	F - 3, 3,
contained herein are true, this day of	, 20
,,	
Signature Printed name	

# INDIANA BUSINESS ENTITY REPORT State Form 48725 (R5 / 4-12) Approved by State Board of Accounts, 2009

CONNIE LAWSON SECRETARY OF STATE BUSINESS SERVICES DIVISION

302 W. Washington Street, Room E018 Indianapolis, Indiana 46204 Telephone: (317) 232-6576

**INSTRUCTIONS:** 

- 1. All corporations must complete Sections A-H (Section G & H are located on the reverse side of this form).
- 2. All LLCs must complete Sections A-E and Section H.
- 3. File report online with a credit card. Refer to www.sos.in.gov.
- 4. Mail this completed report, along with a check or money order payable to Secretary of State, to Business Services at the above address.

	SECTION A
Current entity name and principal office address (number and street, city, state, and	and ZIP code) Please make any changes to address here. *
* Entity name can not be changed on this report.	
	OFOTION B
	SECTION B
Current filing year	Past filing years reported on this form
	SECTION C
Date of incorporation / qualification / formation (month, day, year)	State of domicile
/Diagon shock the ann	SECTION D
(Please спеск the app	appropriate type for your corporate entity.)
Business Corporation Professional Corporation	<ul> <li>□ Nonprofit Corporation</li> <li>□ Ag Coop</li> <li>□ Limited Liability Company</li> </ul>
	SECTION E
Current registered agent and registered address **	Please make changes to agent and address here.
Current registered agent and registered address	Please make changes to agent and address here.
** P.O. box is not an acceptable address unless accompanied by a re	a rural route number.
	SECTION F
Current President or highest officer and address (number and street, city, state, and	
Culterit President of Highest officer and address (humber and street, city, state, and	and zir code)   riedse make changes to omcer and address here.
Current Secretary or other officer and address (number and street, city, state, and	and ZIP code) Please make changes to officer and address here.

Name of Director	Street Address (number and street)	City	State	ZIP Code	
	SECTION H				
(This must be sig	ned by a corporate officer, chairman of the board, regis an attorney employed by the entity or by a member o	stered agent, certified pur of manager of the LLC.)	blic accountant or		
is document is signed under the	penalties of perjury. (Check the fee schedule on the revers	se side of this form)			
nature		Date of signatu	Date of signature (month, day, year)		

## **FEE SCHEDULE**

# **DOMESTIC CORPORATIONS**

All Indiana / domestic corporations must file a biennial report with the Secretary of State. The fee is \$30.00 for a two-year registration. The report is due in the anniversary month of incorporation. Corporations incorporated in an even year must file every even year beginning in 1996. Corporations incorporated in an odd year must file every odd year beginning in 1997. For all domestic corporations any reports due prior to 1996 were filed on an annual basis with a fee of \$15.00 per year.

# **FOREIGN CORPORATIONS**

All foreign (non-Indiana) corporations must file a biennial report with the Secretary of State. The fee is \$30.00 for a two-year registration. The report is due in the anniversary month of qualification in Indiana. Corporations qualified in an odd year must file every odd year beginning in 1997. Corporations qualified in an even year must file every even year beginning in 1998. For all foreign corporations any reports due prior to 1997 were filed on an annual basis with a fee of \$15.00.

# LIMITED LIABILITY COMPANIES (domestic and foreign)

All limited liability companies (LLC) must file a biennial report with the Secretary of State. The fee is \$30.00 for a two-year registration. The report is due in the anniversary month of organization or qualification in Indiana. LLCs organized in an odd year must file every odd year beginning in 1997. LLCs qualified in an even year must file every even year beginning in 1998. For all LLCs any reports due prior to 1997 were filed on an annual basis with a fee of \$15.00.

# NONPROFIT CORPORATIONS

All nonprofit corporations (domestic and foreign) must file annual reports in the anniversary month of incorporation. The filing fee is \$10.00 per year.

# LIMITED LIABILITY PARTNERSHIPS AND LIMITED PARTNERSHIPS

These entities do not file corporate reports.