Reset Form

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 www.IN.gov/sos.

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
State Form 49514
(R3/ 10-10)

Indiana Department of Revenue

Affidavit for Reinstatement of Domestic Corporation

State of Indiana)
) SS
County of _____)

_____ being duly sworn according to law, affirms that he/she is the
(name)

_____ of _____ a corporation organized
(official capacity) (corporation name)

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 _____ ,
(address)

in care of _____ , and that this corporation is engaged in the business of
(name)

_____ . 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 _____ .
(name)

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

_____
Title

State of Indiana)
) SS
County of _____)

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

_____ _____
Commission Expiration Date Signature

_____ _____
County of Residence Printed Name

Mail to: Indiana Department of Revenue, Tax Administration, P.O. Box 6197, Indianapolis, IN 46206.

ROC-1
State Form 52039
(R2/ 10-07)

Correct / Change of Responsible Officer Information

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

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.

Business Information

Federal Identification Number (FEIN)	Indiana Taxpayer Identification Number (TID)

Legal Name of the Entity

Doing Business As Name (DBA)

Street Address	City	State	Zip Code

Old Responsible Officer Information

Social Security No.	Last Name, First Name, Middle Initial, Suffix	Title	Address City State Zip Code	Effective Date start:	/ end:

New Responsible Officer Information

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:

Signature of the Person Submitting Changes:		Phone:
Printed Name of the Person Submitting Changes:	Title:	Date:

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

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

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.*
   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.*

SECTION I - CORPORATE INFORMATION

Name of corporation	Date of incorporation (*month, day, year*)
Effective date of administrative dissolution (*month, day, year*)	

SECTION II - AFFIDAVIT OF CORPORATE OFFICER OF DIRECTOR

The undersigned, being at least one of the principal officers or a director of the above-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
Title

said corporation executes this application and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20 _____.

Signature	Printed name

INDIANA BUSINESS ENTITY REPORT

State Form 48725 (R6 / 8-14)
Approved by State Board of Accounts, 2014

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 ZIP code*)	*Please make any changes to address here.* *

* Entity name can not be changed on this report.

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

SECTION D

(*Please check the appropriate type for your corporate entity.*)

☐ Business Corporation ☐ Professional Corporation ☐ Nonprofit Corporation ☐ Ag Coop ☐ Limited Liability Company

SECTION E

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 rural route number.

SECTION F

Current President or highest officer and address (*number and street, city, state, and ZIP code*)	*Please make changes to officer and address here.*

Current Secretary or other officer and address (*number and street, city, state, and ZIP code*)	*Please make changes to officer and address here.*

SECTION G
(Please list the name(s) and address(es) of current director(s). If necessary, attach an additional sheet.)

Name of Director	Street Address *(number and street)*	City	State	ZIP Code

SECTION H
(This must be signed by a corporate officer, chairman of the board, registered agent, certified public accountant or an attorney employed by the entity or by a member of manager of the LLC.)

Required if registered agent information was updated:

☐ By checking the box, the signator(s) represent(s) that the registered agent named in the application has consented to the appointment of the registered agent.

This document is signed under the penalties of perjury. (*Check the fee schedule below.)*

Signature	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.