



**APPLICATION FOR REINSTATEMENT  
DOMESTIC OR FOREIGN ENTITIES**

State Form 4160 (R20 / 05-24)

**Diego Morales**  
**SECRETARY OF STATE**  
**BUSINESS SERVICES DIVISION**  
 302 West Washington Street, Room E018  
 Indianapolis, IN 46204  
 Telephone: (317) 234-9768  
[INBiz.in.gov](http://INBiz.in.gov)

- 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
    - Business Entities Reports 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.

**NOTE:** This application must be submitted within five (5) years of the effective date of the administrative dissolution.

**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 (R24 / 05-24)

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

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 Business Entity Reports and payment for all years.*
- 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*) (*A P.O. Box is not acceptable unless accompanied by a Rural Route number.*)

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