Non-Refundable Processing Fee: [] Limited Partnersh [] Uniform LCA \$22.00 Limited Liability Part	
Entity Number of Business Entity:	
Business Entity Name:	
*Please enter the business name under which the entity is being reinstated on the line above, however, if the entity is reinstating under a different name, please list that name on the line below:	
(New Business Entity Name)	
Submit with this application a completed <u>Registration Information Change Form</u> reflecting the current principal information (only needed if principals have changed).	
Registered Agent Name and Address (Required): Who/What is the Registered Agent (Individual or Business Entity or Commercial Registered Agent)?:	
The address must be listed if you have a non-commercial registered agent. See instructions for further details.	
Address of the Registered Agent: Utah Street Address Required, PO Boxes can be listed after the Street Address	
City:	State UT Zip:
I hereby remedy all prior defaults and file herewith a current Registration Information Change Form listing the current entity principals together with the statutory reinstatement fee.	
I hereby make application for reinstatement and request the Division of Corporations and Commercial Code of the State of Utah to issue a Certificate of Reinstatement and, under penalties of perjury, I declare that the foregoing statement is, to the best of my knowledge and belief, true and correct.	
I,	, hereby declare and affirm that
	(Name)
I am a(n)	_ (Officer/Chairperson, General Partner, or Member/Manager) of the business entity
listed above, which was involuntarily dissolved on	, 20, under
provisions of Utah law.	
Signature (Required):	

Under GRAMA {63G-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.