

**STATE OF ALABAMA**

**DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF REINSTATEMENT**

PURPOSE: In order to form a limited liability company (LLC) under Section 10A-5A-7.07 AND 10A-5A-7.8 of the Code of Alabama 1975 this Certificate Of Reinstatement with the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form, a true and complete copy (certified copy) of the Limited Liability Company's Certificate of Formation and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of \$25.00 for standard filing** the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is filed. Once the Secretary of State's Office has indexed the filing the information will appear at [www.sos.alabama.gov](http://www.sos.alabama.gov). You may search by entity name or number. Under the business services tab, click on Business Entity Search, click on Entity Name, type the registered name of the entity in the appropriate box, and press enter. The six (6)-digit number containing a dash to the left of the name is the entity ID number. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your entity will not be indexed if the credit card does not authorize. If the check is dishonored (\$30 fee) checks attached to filings will be removed from the index.

(For County Probate Office Use Only)

**The information completing this form must be typed**

1. The name of the limited liability company:

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2. Alabama Entity ID Number (Format: 000-000): \_\_\_\_\_ - \_\_\_\_\_ **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

This form was prepared by: (type name and full address)

(For SOS Office Use Only)

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

3. The name of limited liability company following reinstatement, which limited liability company name shall comply with Section 10a-5A-7.09.

4. The original date of formation of the limited liability company: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(MM/DD/YYYY)

5. The date of dissolution of the limited liability company being: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(MM/DD/YYYY)

6. The undersigned certifies that all applicable conditions of Section 10A-5A-7.07 have been satisfied

7. Name of the registered agent in the county of formation located in Alabama: \_\_\_\_\_ Street  
(No PO Boxes) address of Resisted Office must be in the county of formation located in Alabama:

\_\_\_\_\_ Mailing address in Alabama or Registered Office must be in located in Alabama:  
\_\_\_\_\_

8. The filing of the limited liability company reinstatement is effective immediately on the date filed with the Judge of Probate in accordance with Section 10A-5A-7.10.

9. A copy of the certified true and complete copy of the limited liability company certificate of formation must Be attached.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature as required by 10A-5A-2.04

\_\_\_\_\_  
Typed Name of Above Signature

\_\_\_\_\_  
Typed Title (Organizer or Attorney-in-fact)

**Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:** If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing or provide an email return on this form, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee and expedite fee but will not show convenience fees which will be charged; (generally these fees are between 2% and 5% of the total charge).

**Information MUST be typed or filing will be returned without review.**

Entity Name: \_\_\_\_\_

AL Entity ID Number of converting entity: \_\_\_\_\_ - \_\_\_\_\_ (ex: 000-000)

Service Requested: \_\_\_\_\_ \$25.00 Certificate of Reinstatement filing fee  
\_\_\_\_\_ \$100.00 Expedited Processing fee **(must be included with initial filing)**

Hold at Front Desk for Pick-up by: \_\_\_\_\_  
(Service providers who run couriers for pick-up)  
**There is no notification service and there will not be a call for pick-up.**

Return via email (only one email): \_\_\_\_\_  
**(ONLY for expedited filings) No paper copy will be mailed**

\_\_\_\_\_ Charge fees to prepaid account: Account Number \_\_\_\_\_  
and Account Name \_\_\_\_\_

\_\_\_\_\_  
Typed Name & Signature of Authorized Individual on Account

\_\_\_\_\_ Credit Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Card Number: \_\_\_\_\_ Expiration Mo/Yr: \_\_\_\_/\_\_\_\_ (MM/YY)

Card Holder Name: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_  
Street or PO

\_\_\_\_\_  
City State Zip

Signature of Card Holder: \_\_\_\_\_  
**MUST be Signature of Card Holder**