



**FRANCISCO V. AGUILAR**  
**Secretary of State**  
401 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

## Instructions for Reinstatement/Revival

**IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.**

TYPE or PRINT the following information and submit the filing with Customer Order Instruction Form and payment:

**In the title box of the form please indicate if this is a Reinstatement or Revival**

**Reinstatement** is to be used for entities that are in a **Revoked** status.

If you are Reinstating the entity please complete sections 1, 2, 5 and 7 of the form.

**Revival** is to be used for entities that are in a **Permanently Revoked** or **Expired** status.

If you are Reviving the entity please complete all sections of the form.

**1. ENTITY INFORMATION:** Enter the current name as on file with the Nevada Secretary of State and enter the Entity or Nevada Business Identification Number (NVID).

**2. REGISTERED AGENT:** Persons wishing to reinstate/revive in the State of Nevada must designate a registered agent who resides or is located in this state. Every registered agent must have a street address in this state for service of process, and may have a separate Nevada mailing address such as a post office box, which may be different from the street address. Registered agent must sign certificate of acceptance within section 2. If the registered agent is unable to sign, submit a separate signed Registered Agent Acceptance form.

**3. DATE WHEN REVIVAL IS TO COMMENCE:** Indicate when the revival is to commence or take effect, revivals only.

**4. DURATION OF REVIVAL:** Indicate if the entity will have perpetual existence or indicate a date the entity will expire. Entities under NRS 88 must have an expiration date.

**5. CURRENT LIST:** Indicate the name(s) and addresses (residential or business) of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee or Subscriber.

**6. STATEMENT OF FACT:** This section is for revivals only, check the box that indicates which entity type you are filing under. Below are the entity types per NRS:

NRS 78.730 or 81.010 is for a profit corporation, close corporations, professional corporations and non-profit corporations with stock (NRS 81.010).

NRS 80 is for a foreign corporation qualified to do business in Nevada.

NRS 82 is for a non-profit corporation.

NRS 86.580 is for a limited-liability company.

NRS 86 is for a foreign registered limited-liability company.

NRS 87, 87A, 88 and 88A is for:

87, 87A and 88 are domestic and foreign limited partnerships or limited-liability limited partnerships

88A are domestic and foreign business trusts.

NRS 89 is for professional association.

**7. SIGNATURE(S):** Must include title and date with the signature of an Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber or Authorized Signer. Form will be returned if unsigned.



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ABOVE SPACE IS FOR OFFICE USE ONLY

# Certificate of Reinstatement/Revival

NRS 78, 78A, 80, 81, 82, 84, 86, 87, 87A, 88, 88A and 89

☐ Reinstatement

☐ Revival

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

## 1. Entity Information:

Name of entity as on file with the Nevada Secretary of State:

Entity or Nevada Business Identification Number (NVID):

## 2. Registered Agent for Service of Process:

(Check only one box)

☐ Commercial Registered Agent (name only below)

☐ Noncommercial Registered Agent (name and address below)

☐ Office or Position with Entity (title and address below)

Name of Registered Agent OR Title of Office or Position with Entity

 Nevada 

Street Address

City

Zip Code

 Nevada 

Mailing Address (if different from street address)

City

Zip Code

*I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.*

X

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

Date

## 3. Date When Revival is to Commence:

Date when revival of charter is to commence or be effective, which may be before the date of the certificate:

## 4. Duration of Revival:

(A date is required for entities under NRS 88)

Indicate whether or not the revival is to be perpetual, and, if not perpetual, the time for which the revival is to continue. Limited Partnership under NRS 88 must indicate a date.

The corporation's existence shall be: PERPETUAL or

## 5. Current List:

Reinstatements:  
List of Officers,  
Managers,  
Managing Members,  
General Partners,  
Managing  
Partners, Trustee or  
Subscribers

Revivals:  
List of Officers,  
Managers,  
Managing Members,  
General Partners,  
Managing Partners  
or Trustee

CORPORATION, INDICATE THE PRESIDENT, OR EQUIVALENT OF: Title:

Name

Country

Address

City

State

Zip/Postal Code

CORPORATION, INDICATE THE SECRETARY, OR EQUIVALENT OF: Title:

Name

Country

Address

City

State

Zip/Postal Code

CORPORATION, INDICATE THE TREASURER, OR EQUIVALENT OF: Title:

Name

Country

Address

City

State

Zip/Postal Code

(Continued on next page)



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# Certificate of Reinstatement/Revival

## NRS 78, 78A, 80, 81, 82, 84, 86, 87, 87A, 88, 88A and 89

### 5. Current List Continued:

#### CORPORATION, INDICATE THE DIRECTOR:

<input type="text"/>		<input type="text"/>	
Name		Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip/Postal Code

#### FOR CORPORATION SOLE, INDICATE THE SUBSCRIBER/SUCCESSOR:

<input type="text"/>		<input type="text"/>	
Name		Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip/Postal Code

### 6. Statement of Fact: (Revivals only, select one. Entities under NRS 84 cannot revive)

☐ Revival pursuant to 78.730 or 81.010: (check one)

The undersigned declare that the corporation desires to revive its corporate charter and is, or has been, organized and carrying on the business authorized by its existing or original charter and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapters 78 and/or 81

☐ The undersigned declare that they have obtained written consent of the stockholders of the corporation holding at least a majority of the voting power and that this consent was secured; furthermore, that they are the person(s) designated or appointed by the stockholders of the corporation to revive the corporation.

☐ The undersigned declare that they are the person(s) who have been designated by a majority of the directors in office to sign this certificate and that no stock has been issued. Membership approval not required under NRS 81.010(2).

☐ Revival pursuant to 80:

The undersigned declare that the corporation desires to revive its qualification to do business and is, or has been, organized and carrying on the business authorized by its existing or original qualification and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapter 80.

☐ The undersigned declare that they have obtained written consent of the stockholders of the corporation holding at least a majority of the voting power and that this consent was secured; furthermore, that they are the person(s) designated or appointed by the stockholders of the corporation to revive the qualification.

☐ The undersigned declare that they are the person(s) who have been designated by a majority of the directors in office to sign this certificate and that no stock has been issued.

☐ Revival pursuant to 82:

The undersigned declare that the corporation desires to revive its corporate charter and is, or has been, organized and carrying on the business authorized by its existing or original charter and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapters 81 and 82.

This certificate must be executed by the President or Vice President **AND** Secretary or Assistant Secretary.

The undersigned declare that the execution and filing of this certificate has been approved unanimously by the last-appointed surviving directors of the corporation and the unanimous consent has been secured:



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## Certificate of Reinstatement/Revival

### NRS 78, 78A, 80, 81, 82, 84, 86, 87, 87A, 88, 88A and 89

**6. Statement of Fact Continued:**  
(Revivals only, select one. Entities under NRS 84 cannot revive)

- ☐ **Revival pursuant to 86.580:**  
The undersigned declare that the limited-liability company desires to revive its charter and is, or has been, organized and carrying on the business authorized by its existing or original charter and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapter 86.  
  
The undersigned declares that he has been designated or appointed by the members to sign this certificate. Furthermore, the execution and filing of this certificate has been approved and secured by the written consent of a majority of the members.
- ☐ **Revival pursuant to 86:**  
The undersigned declare that the foreign limited-liability company desires to revive its registration and is, or has been, organized and carrying on the business authorized by its existing or original registration and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of NRS 86.5467.  
  
The undersigned declares that he/she has obtained approval by written consent of the majority in interest and that this consent was secured.
- ☐ **Revival pursuant to 87, 87A, 88 or 88A:**  
The undersigned declare that the limited partnership, limited-liability partnership, limited-liability limited partnership or business trust desires to revive its certificate and is, or has been, organized and carrying on the business authorized by its existing or original certificate and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapter 87, 87A, 88 or 88A.  
  
The undersigned declares that he/she has been designated or appointed by the general partners, managing partners or trustees to sign this certificate. Furthermore, the execution and filing of this certificate has been approved and secured by the written consent of the general partners or managing partners holding at least a majority of the voting powers.
- ☐ **Revival pursuant to 89:**  
The undersigned declare that the professional association desires to revive its articles of association and is, or has been, organized and carrying on the business authorized by its existing or original articles of association and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapter 89.  
  
The undersigned declares that he/she has been designated or appointed by the members to sign this certificate. Furthermore, the execution and filing of this certificate has been approved and secured by the written consent of the holders of a membership interest in the professional association holding at least a majority of voting power.

**7. Signatures:**  
(Required)

**I declare under the penalty of perjury that the reinstatement/revival has been authorized by a court of competent jurisdiction or by the duly selected manager or managers of the entity or if the entity has no managers, its managing members.**

**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.**

**X**

\_\_\_\_\_  
Signature of Officer, Manager, Managing Member,  
General Partner, Managing Partner, Trustee, or  
Authorized Signer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**X**

\_\_\_\_\_  
Signature of Officer, Manager, Managing Member,  
General Partner, Managing Partner, Trustee, or  
Authorized Signer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**FORM WILL BE RETURNED IF UNSIGNED.**



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## **Registered Agent Acceptance/Statement of Change**

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

<b>1. Entity information:</b>	Name of represented entity: <input type="text"/> Entity or Nevada Business Identification Number (NVID): (for entities currently on file) <input type="text"/>
<b>2. Registered Agent Acceptance:</b>	<input type="checkbox"/> Registered Agent Acceptance
<b>3. Information Being Changed:</b>	Statement of Change takes the following effect: (select only one) <input type="checkbox"/> Appoints New Agent (complete section 5) <input type="checkbox"/> Update Represented Entity Acting as Registered Agent (complete sections 5) <input type="checkbox"/> Update Registered Agent Name (complete sections 4 & 5) <input type="checkbox"/> Update Registered Agent Address (complete sections 4 & 5)
<b>4. Registered Agent Information Before the Change: (Non-commercial registered agents ONLY)</b>	<input type="text"/> Name of Registered Agent OR Title of Office or Position with Entity <input type="text"/> Nevada <input type="text"/> Street Address City Zip Code <input type="text"/> Nevada <input type="text"/> Mailing Address (if different from street address) City Zip Code
<b>5. Newly Appointed Registered Agent or Registered Agent Information After the Change:</b>	<input type="checkbox"/> Commercial Registered Agent:(name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title or position and address below) <input type="text"/> Name of Registered Agent OR Title of Office or Position within Entity <input type="text"/> Nevada <input type="text"/> Street Address City Zip Code <input type="text"/> Nevada <input type="text"/> Mailing Address (if different from street address) City Zip Code
<b>6. Electronic Notification: (Optional)</b>	Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only: <input type="text"/>
<b>7. Certificate of Acceptance of Appointment of Registered Agent: (Required)</b>	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X _____ <input type="text"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
<b>8. Signature of Represented Entity: (Required)</b>	X _____ <input type="text"/> Authorized Signature On Behalf of the Entity Date

**FEE: \$60.00**

This form must be accompanied by appropriate fees.



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## Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing  
Service Requested:

☐

Regular

☐

24-Hour Expedite (additional fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

**Return Delivery:** (email or fax options do not receive a copy via mail; must be ordered separately)

☐

Email to:

☐

Fax to:

☐

Hold for Pick Up

☐

Mail to Address Above

☐

FedEx: Acct #

☐

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

☐

Check/Money Order

☐

Credit Card (attach ePayment checklist)

☐

Trust Account:

☐

Use balance remaining in job #



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## 1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing  
Service Requested:

☐

1-Hour Expedite  
(additional \$1000.00 fee included)

☐

2-Hour Expedite  
(additional \$500.00 fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

**Return Delivery:**

☐

Email to:

☐

Fax to:

☐

Hold for Pick Up

☐

Mail to Address Above

☐

FedEx: Acct #

☐

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is \$2.00 per page (plus \$30.00 for each certification).

Total Amount:

Method of Payment:

☐

Check/Money Order

☐

Credit Card (attach ePayment checklist)

☐

Trust Account:

☐

Use balance remaining in job #





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## **24-hour, 2-hour and 1-hour Expedite Service Guidelines**

***IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.***

### **24-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

**Time Constraints:** Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

### **2-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

### **1-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

**1-Hour and 2-Hour Time Constraints:** Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgment (e-mail) or to provide a correct e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in complete filing condition.

**The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.**





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## ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

### Processing Requested:

- ☐ Regular      ☐ 24-HOUR Expedite      ☐ 4-HOUR Expedite (Apostille only)  
☐ 2-HOUR Expedite      ☐ 1-HOUR Expedite      ☐ Same Day (Domestic Partnership only)

### Order Information (required)

Entity Name/Order Reference: \_\_\_\_\_

Cardholder Name (as shown on credit card): \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

Last 4 Digits of Credit Card: \_\_\_\_\_ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge: \_\_\_\_\_

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

### Authorized Signature

X \_\_\_\_\_ Date: \_\_\_\_\_

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: \_\_\_\_\_
2. Expiration Date: \_\_\_\_\_
3. Security Code\*: \_\_\_\_\_  
\*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards  
4-digit number found on the front right side of American Express card.

All 3 fields **MUST** be completed!  
This section will be destroyed after the payment is processed.