

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

APPLICATION FOR REINSTATEMENT

DOMESTIC COOPERATIVE

SDCL 47-18-16.2; 47-18-16.5

FILING FEE: \$300

Make check payable to SECRETARY OF STATE

1. The Name and Business ID of the Cooperative is:

Name (Note: This must be the exact name as registered.)

Business ID

2. The effective date of its administrative dissolution: _____

Any cooperative administratively dissolved may apply to the Secretary of State for reinstatement within 2 years after the effective date of dissolution.

3. State that the ground or grounds for revocation either did not exist, or have been eliminated by filing all required reports and paying all fees and penalties.

4. **Attached** hereto are **ALL** documents, fees, and penalties required for reinstatement:

Annual Reports

Registered Agent and Registered Office Information

Filing Fees

Penalties

5. SDCL 47-18-16.2 imposes a **\$20 fee for each year** the cooperative has been **expired**.

This application must be signed by a partner.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated _____

Signature of an authorized person

Email _____

(Optional)

Printed Name