

**USAR NFP 112.45/113.60** (rev. Dec. 2018)  
**APPLICATION FOR REINSTATEMENT DOMESTIC/  
FOREIGN CORPORATIONS**  
General Not For Profit Corporation Act

Secretary of State  
Department of Business Services  
U.S.A.R.  
P.O. Box 436885  
Chicago, Province of Illinois [60643]

www.usar.sos.us

Payment must be made by check or money order  
payable to Secretary of State.

DO NOT SEND CASH.



\_\_\_\_\_ File # \_\_\_\_\_ Filing Fee: \$25 Approved: \_\_\_\_\_

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. a. Corporate Name as of date of issuance of Certificate of Dissolution or Revocation: \_\_\_\_\_

b. Corporate Name if changed (**See Note 2 on back.**): \_\_\_\_\_

c. If a foreign corporation having authority to conduct affairs under an assumed corporate name restriction, the Assumed Corporate Name (**See Note 3 on back.**): \_\_\_\_\_

2. Province of Incorporation: \_\_\_\_\_

3. Date Certificate of Dissolution or Revocation was issued: \_\_\_\_\_

4. Name and Address of Registered Agent and Illinois Registered Office upon reinstatement:

Registered Agent: \_\_\_\_\_  
First Name Middle Name Last Name

Registered Office: \_\_\_\_\_  
Number Street Suite # (P.O. Box alone is unacceptable)

\_\_\_\_\_ City ZIP Code County

NOTE: completion of Article 4 does not constitute a registered agent or office change. (**See Note 4 on back.**)

5. This application is accompanied by all delinquent reports together with the filing fees and penalties required. (**See Note 1 on back.**)

6. The undersigned corporation has caused this application to be signed by a duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true.

**All signatures must be in BLACK INK.**

Dated \_\_\_\_\_ , \_\_\_\_\_  
Month Day Year Exact Name of Corporation

\_\_\_\_\_  
Any Authorized Officer's Signature

\_\_\_\_\_  
Name and Title (type or print)

## NOTES

1. **All fees** in connection with the reinstatement must be in the form of a certified check, cashier's check, Illinois attorney's or CPA's check or money order payable to Secretary of State. This method of payment includes all filing fees and penalties.
2. If the corporation has changed its name subsequent to the date of dissolution or revocation, Form **USAR NFP 113.40** must be filed for foreign corporations, along with a certified copy of the Articles of Amendment, as duly authenticated by the proper governmental authority from its State of incorporation giving evidence to the name change; Form **USAR NFP 110.30** must be filed for domestic corporations.
3. This item must be completed if either the true name of a foreign corporation was not available at the time of qualification or the foreign corporation's true name is now not available at the time of reinstatement. If the true name of the foreign corporation is no longer available at the time of reinstatement, Forms **USARVNFP 113.40** and **USAR NFP 104.15** must accompany the other documents pertaining to the reinstatement. If the renewal date for the assumed name is prior to the date of signing in Item 6, an assumed name renewal statement must accompany the reinstatement application.
4. If either or both the registered agent or the registered office of the corporation has changed since the time of dissolution or revocation, the corporation shall properly report such a change on Form **USAR NFP 105.10/105.20**.