

**Delaware Division of Corporations  
401 Federal Street – Suite 4  
Dover, DE 19901  
Ph: 302-739-3073  
Fax: 302-739-3812**

**Application for Reinstatement  
for Limited Liability Partnership**

Dear Sir or Madam:

Enclosed please find a form for an Application for Reinstatement of a Limited Liability Partnership to be filed in accordance with Section 15-1003 and 15-1004 of the Revised Uniform Partnership Act of the State of Delaware. The fee to file the Application is \$200.00. You will receive a stamped “Filed” copy of your submitted document. A certified copy may be requested for an additional \$50. Expedited services are available. Please contact our office concerning these fees or you may consult our fee chart at [www.corp.delaware.gov](http://www.corp.delaware.gov). Please make your checks payable to “Delaware Secretary of State”.

Before the Certificate can be filed, all past due Annual Reports must be received by the Division of corporations. Please contact the Division prior to submitting the document for filing to determine the Annual Reports due.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type the name of the person signing under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call at (302) 739-3073.

Sincerely,

Department of State  
Division of Corporations

encl.  
rev. 05/19

*Special Instructions – Reinstatement of a Limited Liability Partnership*

*This form is to be used as a Template only. The following instructions will help you in correctly completing your Reinstatement Certificate. The instructions will be numbered to correspond with the article it is referencing.*

- 1. The current name of the limited liability partnership exactly as it appears in our records. Please visit our website to verify the name.*
- 2. The date when the revocation of the limited liability partnership is to be effective. This is the date the statement of qualification was revoked by the Secretary of State.*

***Execution Block*** - *The document must be signed by an authorized person or partner of the partnership pursuant to Section 15-105 of Title 6, Chapter 15. The name of the person must be typed or written legibly underneath the signature.*

*This form contains information required by statute; if you need to add additional information permitted by statute you may draft a new document. Please feel free to call our office at 302-739-3073 for assistance in completing this form.*

*Sincerely,*

*Delaware Division of Corporations*

**STATE OF DELAWARE**  
**APPLICATION FOR REINSTATEMENT OF**  
**LIMITED LIABILITY PARTNERSHIP**

The limited liability partnership organized under the Revised Uniform Partnership Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability partnership is \_\_\_\_\_  
\_\_\_\_\_.
2. The effective date of the revocation is \_\_\_\_\_.
3. The ground for revocation either did not exist or has been corrected.
4. The partnership hereby applies for reinstatement of its status as a limited liability partnership.

By: \_\_\_\_\_  
Authorized Partner/Person

Name: \_\_\_\_\_  
Print or Type