



Secretary of the State of Connecticut

Phone: 860-509-6003 Website: www.business.ct.gov Email: bsd@ct.gov

Combined Certificate of Reinstatement and Annual Report

Limited Liability Company – Domestic

All Fields Are Required: Please refer to the attached instructions for completing and submitting.

Filing Party - Individual Submitting the Reinstatement Document

Name:	
Address:	
City:	
State:	
Zip Code:	
Email Address:	
Phone:	

Filing Fee

Limited Liability Company - Domestic \$120 Reinstatement Fee includes Annual Report \$120 TOTAL	Legal Structure: Limited Liability Company Business Type: Domestic
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Name of Limited Liability Company

(Must match the name exactly as it appears on the records of the Secretary of the State)

Business Name:	
Business ID ALEI:	Business ID:

NAICS Information and Business Email Address

NAICS Code (6 digits):	
Business Email Address: (Enter "None" if there is no Business Email)	

Business Location Information

Principal Office Address (No P.O. Boxes):

Business Mailing Address:

Agent Information

Agent Type (Select One):

- Individual
 Business

Agent Name:

Agent Business Address
(Type "none" if Agent is an individual without
a business address):

Agent Residence Address
(If Agent is an Individual):
Connecticut Address Only

Agent Mailing Address:
Connecticut Address Only

Agent Acceptance of Appointment

Name of Person Accepting Appointment
(Print or Type):

Title (If Agent is a Business):

Signature Accepting Appointment:

Principal Information (Attach and reference additional 8 ½" x 11" sheets if more space is required)

Principal Name:	
Title:	<input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Managing Member
Business Address (No P.O. Boxes):	
Residence Address (No P.O. Boxes):	

Principal Name:	
Title:	<input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Managing Member
Business Address (No P.O. Boxes):	
Residence Address (No P.O. Boxes):	

Principal Name:	
Title:	<input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Managing Member
Business Address (No P.O. Boxes):	
Residence Address (No P.O. Boxes):	

I hereby state under penalties of False Statement that the information contained in this report is accurate to the best of my knowledge.

Execution (Required - Subject to Penalty of False Statement)

Date (mm/dd/yyyy):	/ /
Name of Signatory (Print or Type):	
Capacity / Title of Signatory:	
Signature:	

Instructions for Completing:
Combined Certificate of Reinstatement and Annual Report Form
Limited Liability Company – Domestic

(All Fields Must Be Completely Filled Out)

Name of Limited Liability Company

Please provide the exact name of the Limited Liability Company and its ALEI (Business ID), as it appears on the records of the Secretary of the State at **business.ct.gov**. Both the Business name and Business ID must exactly match the record or the filing will be rejected. If the name is no longer available, please complete and file a Certificate of Amendment, along with the Certificate of Reinstatement, changing the name of the Limited Liability Company to an available name (please see Certificate of Amendment form for additional fee).

NAICS Code

A six-digit NAICS Code must be set forth in your annual report — it is now required by law.

The North American Industry Classification System (NAICS) was developed by the U.S. Government to classify each type of business/occupation/profession using a six-digit number: the data collected is then used to analyze the economy. The Secretary of the State uses the same NAICS code to collect data on Connecticut businesses as well.

Note: You may be able to determine the six-digit code by using a search engine such as Google. Just type “NAICS Code” and the type of business you conduct in the search box or call NAICS at 1-888-756-2427.

Business Email Address

Please provide an email address for the business, enter "none" if there is no business email. The email address is used by the Secretary of the State to send important notices.

Business Location

Principal Office Address

Address must include street, town or city, state, and postal code.

Note: P.O. Box is NOT acceptable and will be rejected.

Provide the Principal Office address in the block designated for “Principal Office Address” and a mailing address in the block designated “Business Mailing Address.”

Business Mailing Address Address to which correspondence is sent.

Address must be entered in the space provided.

Note: P.O. Box is acceptable.

Agent Information and Agent Acceptance for Process

The Limited Liability Company cannot be its own agent. You must appoint an individual or entity (other than this LLC) to accept legal process, notice, or demand served upon the Limited Liability Company.

The agent may be either:

1. An individual who is a resident of Connecticut, including a manager or member of the LLC.

Agent Information and Agent Acceptance for Process (Continued)

An **individual** must provide the following:

- A complete street address of his or her business* (if no business address, must state “none”);
- a Connecticut residence address, and a Connecticut mailing address. (P.O. Box is acceptable for mailing address.)
- The agent must sign accepting the appointment.

– or –

2. One of the following **business** types, on record with this office, with a Connecticut address:
 - A Connecticut corporation, limited liability company, limited liability partnership, or statutory trust.
 - A foreign corporation, limited liability company, limited liability partnership, or statutory trust, which has obtained a certificate of authority to transact business in Connecticut.
 - You must provide the Connecticut Principal Office address in the block designated for “Business Address” and its Connecticut mailing address.
 - The agent must sign accepting the appointment. The person signing on behalf of a business must print full name and title next to signature.

Principal Information and Execution

Please provide the name, title (check box), residence address and business address of at least one principal.

Note: If the principal does not have a business address, write (“None”).

Name and Capacity / Title of Signatory

Both the name and title of the signatory must be printed or typed (electronic signatures accepted).

– How to Submit this Form –

Digital Filing (Strongly Recommended)

The fastest service is available through our “submit paper filing” option on-line. You may also choose expedited 24-hour service for an additional fee.

1. Go to **business.ct.gov**. Log-in or create an account if you do not have one.
2. Choose “submit paper filing” from the left-hand navigation and select “start now” select “close or reinstate your business,” click “Next.”
3. Filing Details: Select “Reinstatement” and then Select one of the following options:
 - If your business name is still available, choose “Reinstatement with Annual Report.”
 - If your business name is **not** available, choose “Reinstatement with Annual Report and business name change.”

Filing by Mail

All mail filings are treated as routine and no expedited service is available. If filing by mail, you must pay by check or money order.

Make all Checks Payable to “**Secretary of the State.**”

Mailing Address (U.S. Postal Service):
Business Services Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470

Delivery Address (Fed Ex/UPS):
Business Services Division
Connecticut Secretary of the State
165 Capitol Avenue, Suite 1000
Hartford, CT 06106