



# Secretary of the State of Connecticut

Phone: 860-509-6003 Website: [www.business.ct.gov](http://www.business.ct.gov) Email: [bsd@ct.gov](mailto:bsd@ct.gov)

## Combined Certificate of Reinstatement and Annual Report

Corporation – Stock and Nonstock

**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	
<b>Stock Corporation</b> \$150 Reinstatement Fee <u>\$150 Annual Report Filing Fee</u> <b>\$300 Total</b>	<b>Non-Stock Corporation</b> \$110 Reinstatement Fee <u>\$50 Annual Report Filing Fee</u> <b>\$160 Total</b>
Corporation Type	
Legal Structure:	<input type="checkbox"/> Stock <input type="checkbox"/> Non-Stock
Corporation 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 8½" x 11" sheets if more space is required)  
**Note: One of the principals listed below must sign this form in the "execution" section**

Principal Name:	
Title:	
Business Address (No P.O. Boxes):	
Residence Address (No P.O. Boxes):	

Principal Name:	
Title:	
Business Address (No P.O. Boxes):	
Residence Address (No P.O. Boxes):	

Principal Name:	
Title:	
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 (Must be a principal listed on this form):	
Signature:	

**Instructions for Completing:**  
**Combined Certificate of Reinstatement and Annual Report Form**  
**(All Fields Must Be Completely Filled Out)**

**Corporation Name and Legal Structure**

Please provide the exact name of the Corporation 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 Corporation 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 Corporation cannot be its own agent. You must appoint an individual or entity (other than this entity) to accept legal process, notice, or demand served upon the Corporation.

The agent may be either an **Individual** or a **Business**:

1. Any **individual** who is a resident of Connecticut.

An individual must provide the complete street address of his or her business\* (if no business address, must state “none”), a Connecticut residence address, and (for domestic stock corporations only) a Connecticut mailing address.

The agent must sign accepting the appointment.

## Agent Information and Agent Acceptance for Process (Continued)

2. Any **Business** with one of the following business types, on record with this office, with a Connecticut address:
  - a. A Connecticut corporation, limited liability company, limited liability partnership, or statutory trust.
  - b. A foreign corporation, limited liability company, limited liability partnership, or statutory trust, which has obtained a certificate of authority to transact business in Connecticut.
  - c. The agent must sign accepting the appointment and the person signing on behalf of a business must print full name and title.

## Principal Information and Execution

Provide each officer's full name, title(s), resident address (required) and business address (if "none", so state). Directors should also set forth in the same manner. (If officer is also a director, add "director" to their title(s)).

### Name and Capacity / Title of Signatory

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

Person signing must be listed within the report form as an officer/director. The printed name and title must exactly match the full name and title as they are listed within the report.

### – How to Submit this Form –

### Digital Filing (Strongly Recommended)

The fastest service is available through our "submit paper filing" option online. 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 don't have one.
2. Choose "submit paper filing" from the left-hand navigation and select "start now" select "close or reinstate your business", and 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 the **"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