BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Application for Reinstatement or Revival:

NRS 78.185, 80.175, 82.5239, 86.278, 87.455, 87A185, 88.327, 88A.660

Form for use ONLY if name is unavailable when reinstating or reviving.

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

INSTRUCTIONS:

1. ENTITY INFORMATION: Enter the current name of the entity exactly as filed with the Secretary of State; Enter the Entity Number or Nevada Business Identification Number (NVID).

2. PURPOSED NAME: Enter the name the entity desires to reinstate or revive under. The name must include the appropriate corporate ending if applicable.

3. SIGNATURE(S): Must include the Authorized Signature for entity type. Form will be returned if unsigned.

1. Entity Information:	Name of entity as on file with the Nevada Secretary of State: Entity or Nevada Business Identification Number (NVID):
2.Purposed Name: (Must include appropriate corporate ended if applicable)	The name under which it desires the existence to be reinstated or revived:
3. Signature: (Required)	**X** _____ Authorized Signature Date If a Corporation, this application shall be signed by an officer. If a Limited-Liability Company, this application shall be signed by a Manager or Managing Member. If a Limited-Liability Partnership, this application shall be signed by a Managing Partner. If a Limited Partnership or Limited-Liability Limited Partnership, this application shall be signed by a General Partner. If a Business Trust, this application shall be signed by a Trustee.

This form must be accompanied by appropriate fees.