



New Mexico Secretary of State

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501
(800) 477-3632 · www.sos.state.nm.us

APPLICATION FOR REINSTATEMENT
(TYPE OR PRINT LEGIBLY)

FEES: Profit \$200.00 Nonprofit \$25.00 Limited Liability Company \$25.00

Pursuant to New Mexico State Statutes the undersigned applies to
the New Mexico Secretary of State for Reinstatement:

1. The name of the entity is _____

Entity# _____ and the effective date the Certificate of Revocation was filed:

Month ____ Day ____ Year ____

2. (Mark ("X") on the appropriate item):

[] Grounds for revocation did not exist;
(If applicable, please explain)

____ Grounds have been eliminated upon the filing of delinquent reports and/or fees due.

3. The name satisfies state law regarding availability of corporate name.

Date: _____

AUTHORIZED OFFICER
(SIGNATURE)

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

Once the Application for Reinstatement has been received and approved, you will be contacted via email or the phone number
above and advised of the reports needing to be filed to complete the Reinstatement process and return to Active Status and in
Good Standing. NOTE until all outstanding reports have been filed and fees paid, the entity will remain in Revoked Status.



New Mexico
Secretary of State
 Corporations Bureau

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DOCUMENT DELIVERY INSTRUCTIONS

(You **MUST** have one Document Delivery Instruction form for **each** filing being submitted)
 (DO NOT use this form for Partnerships, UCC or Trademarks)

ENTITY NAME on filing: _____

DATE DROPPED OFF AT CORPORATIONS BUREAU: _____ TIME: _____
 - OR -
 DATE MAILED TO CORPORATIONS BUREAU: _____

Contact Business Name: _____

Contact Person Name: _____

Contact Email Address: _____

Contact Phone: _____

Please indicate if you will pick up your documents upon completion OR you would like them mailed

Please check to indicate how documents are to be delivered:

WILL PICKUP MAIL TO ADDRESS BELOW

Documents will be mailed to:

Attention: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND CAN BE PICKED UP, DOCUMENTS **WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS**. IF YOU HAVE NOT PICKED THEM UP WITHIN THAT TIME FRAME, THEY WILL BE MAILED TO THE ADDRESS LISTED ABOVE. (If you contact our office at 800-477-3632 and notify us that you are not able to pick up within that time frame, please let us know when you will be in for your documents.)

Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY