



Wyoming Secretary of State

Herschler Building East, Suite 101

122 W 25th Street

Cheyenne, WY 82002-0020

Ph. 307.777.7311

Email: Business@wyo.gov

For Office Use Only

Limited Partnership Application for Certificate of Reinstatement Following Administrative Dissolution

A limited partnership administratively dissolved under W.S. 17-14-905 may apply to the Secretary of State for reinstatement within two (2) years after the effective date of dissolution.

1. Name of the limited partnership:

(Name must match exactly to the Secretary of State's records.)

2. Effective date of administrative dissolution:

(Date – mm/dd/yyyy)

3. The grounds for dissolution have been eliminated.

Signature: _____

(Shall be executed by a general partner or a limited partner.)

Date:

(mm/dd/yyyy)

Print Name:

Contact Person:

Title:

Daytime Phone Number:

Email:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

FOREIGN ENTITIES: Must submit a **good standing certificate/certificate of existence** from the state or country of formation **dated not more than sixty (60 days)** prior to filing the reinstatement in Wyoming.

Checklist

For failure to file annual report please submit the following:

Each delinquent annual report

Each delinquent annual report fee

The \$100 reinstatement fee (all fees can be submitted on one check)

For failure to maintain registered agent please submit the following:

The Appointment of New Registered Agent and Office form and Consent to Appointment form (\$5 fee)

The \$100 reinstatement fee

****Processing time is up to 15 business days** following the date of receipt in our office.



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Appointment of New Registered Agent and Office

This form is used **ONLY** to change the registered agent from one person/company to a different person/company.

1. Name of the business entity:

(The name of the business entity must match exactly with the Secretary of State's records.)

2. Name of former registered agent and physical address of former registered office:

(The former registered agent information provided must match exactly with the Secretary of State's records. If the business entity is without a registered agent, please list No Agent/No Office.)

Former Registered Agent:

Former Registered Office Address:

3. Name of new registered agent and physical Wyoming address of new registered office:

(The new registered agent information provided must match exactly with the Secretary of State's records if the new registered agent already represents at least one other business entity.)

New Registered Agent:

New Registered Physical Office Address (must be located in Wyoming):

New Registered Agent's Mailing Address:

For consistency the Secretary of State's office will only keep one version of the agent's name and address on file.

4. I hereby certify that the new registered office and the registered agent comply with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

5. The mailing address of my business should be changed to reflect the new registered office address.
(Please check one.)

Yes No

6. The principal address of my business should be changed to reflect the new registered office address.
(Please check one.)

Yes No

7. Once completed the physical address of the registered office and business office of the registered agent will be identical.

Signature: _____

(Shall be executed by an authorized individual)

Date:

(mm/dd/yyyy)

Print Name:

Contact Person:

Title:

Daytime Phone:

Email:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Checklist

\$5.00 Filing Fee Make check or money order payable to Wyoming Secretary of State.

Processing time is up to 15 business days following the date of receipt in our office.

Please mail with payment to the address at the top of this form. **This form cannot be accepted via email.**

Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**



Consent to Appointment by Registered Agent

I, _____, registered office located at
(name of registered agent)

voluntarily consent to serve

*(registered office physical address, city, state, & zip)

as the registered agent for
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)

Print Name:

Daytime Phone:

Title:

Email:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Registered Agent Mailing Address
(if different than above):

IMPORTANT: If you are an existing registered agent and your existing address on record does not match what is provided on this form, a **Registered Agent Information Update** form is also required.