

REINSTATEMENT DIRECTIONS  
FOREIGN ENTITIES

The following steps must be taken to reinstate your corporation or limited liability company when it has been revoked. Please direct any questions to our information line at (317) 232-6576 or visit our website at [www.IN.gov/sos](http://www.IN.gov/sos).

**STEP 1** Obtain a Certificate of Clearance from the Indiana Department of Revenue by completing the (AD19) Reinstatement Affidavit and (ROC-1) Responsible Officer Information forms.  
**This must be completed before anything may be submitted to the Secretary of State's office.**

You may either MAIL or DROP OFF the Reinstatement Affidavit and Responsible Officer forms to the Indiana Department of Revenue.

**Mailing Address**

Indiana Department of Revenue  
PO Box 6197  
Indianapolis, Indiana 46206  
(317) 233-4015 Option 6

**Drop off Address**

Indiana Department of Revenue  
100 North Senate Avenue  
Room N-105  
Indianapolis, Indiana 46204

The name of the foreign entity on the Application for Certificate of Authority (State Form 38784, 49464, or 37035), Affidavit for Reinstatement (State Form 49707) and the Certificate of Clearance must be **identical** to the name on the records of our office, as provided by the original Certificate of Authority.

**STEP 2** Wait for the Certificate of Clearance to be mailed to you by the Department of Revenue.

- Please allow at least four (4) weeks for processing.

**STEP 3** Obtain an original Certificate of Existence or Certificate of Good standing from the Secretary of State of the home state under whose laws the entity is formed. Copies are NOT acceptable. The Certificate must be dated within the sixty (60) days prior to submission of the filing to our office.

**STEP 4** Complete the **Application for Certificate of Authority** for the specific entity type (State Form 38784, 49464, or 37035).

**STEP 5** Complete the Business Entity Report (State Form 48725) and pay the filing fees for all the years owed. The filing fees are \$15.00 per year for all for-profit entities and \$10.00 per year for nonprofit entities. **It is not necessary to complete separate forms for each filing year**, as long as the filing fee for each year owed is paid and the **most current** information is provided.

- All sections must be completed on both documents.
- A signature is required on both documents.

To determine amount due, please call (317) 232-6576 or visit [www.IN.gov/sos](http://www.IN.gov/sos).

**STEP 6** Mail or hand deliver ALL of the following items together:

- 1) Certificate of Clearance from Department of Revenue
- 2) Application for Certificate of Authority (State Form 38784, 49464, or 37035)
- 3) Business Entity Report (State Form 48725)
- 4) A check or money order payable to the Secretary of State for the filing fees to the following address:  
Secretary of State, Business Services Division  
302 W. Washington Street, Room E-018  
Indianapolis, Indiana 46204
  - **Filing Fees** – The filing fee consists of all fees owed for business entity reports plus the Certificate of Authority fee of \$90.00 or \$30.00 for Nonprofit.
  - Call the information line for help determining the correct fees (317) 232-6576.
  - Visit our website at [www.IN.gov/sos](http://www.IN.gov/sos) for answers to your questions.
  - Do not mail anything to the Secretary of State until you have obtained the Certificate of Clearance from the Department of Revenue.
  - All four items listed in step 6 must be mailed TOGETHER.
  - Make check or money order payable to the Secretary of State. Do not send cash.





**ROC-1**  
State Form 52039  
(R2/ 10-07)

## Correct / Change of Responsible Officer Information

*This form is available in a PDF 'fillable' format; however, it cannot be submitted electronically, it must be printed, signed and mailed to the address below.*

This form can be used to report any changes in the responsible officers for your business. **Note:** You cannot use this form if the Internal Revenue Service has required you to obtain a new Federal Identification Number. A change in Federal Identification Number requires a new registration with the Indiana Department Of Revenue.

### Business Information

|                                      |  |       |          |
|--------------------------------------|--|-------|----------|
| Federal Identification Number (FEIN) | Indiana Taxpayer Identification Number (TID) |       |          |
| Legal Name of the Entity             |  |       |          |
| Doing Business As Name (DBA)         |  |       |          |
| Street Address                       | City   | State | Zip Code |

### Old Responsible Officer Information

| Social Security No. | Last Name, First Name, Middle Initial, Suffix | Title | Address | City | State | Zip Code | Effective Date<br>start: / end: |
|---------------------|---|-------|---------|------|-------|----------|---------------------------------|
|                     |   |       |         |      |       |          |                                 |
|                     |   |       |         |      |       |          |                                 |
|                     |   |       |         |      |       |          |                                 |
|                     |   |       |         |      |       |          |                                 |
|                     |   |       |         |      |       |          |                                 |

### New Responsible Officer Information

| Social Security No. | Last Name, First Name, Middle Initial, Suffix | Title | Address | City | State | Zip Code | Begin Date |
|---------------------|---|-------|---------|------|-------|----------|------------|
|                     |   |       |         |      |       |          |            |
|                     |   |       |         |      |       |          |            |
|                     |   |       |         |      |       |          |            |
|                     |   |       |         |      |       |          |            |
|                     |   |       |         |      |       |          |            |

**I affirm that the changes provided are correct:**

|  |        |
|--|--------|
| Signature of the Person Submitting Changes:    | Phone: |
| Printed Name of the Person Submitting Changes: | Title: |
|  | Date:  |

**Note: This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory, this record cannot be processed without it.**

Questions regarding the completion of this form may be directed to the Indiana Department of Revenue at 317-233-4015 or 317-232-0129

**Mail the completed form to: Indiana Department of Revenue, Tax Administration  
P.O. Box 6197, Indianapolis, IN 46206-6197**

# INSTRUCTIONS

## Correct/Change of Responsible Officer Information

**NOTICE:** All information, including the supporting documentation, must be provided before the form will be considered to be a valid request.

If more space is needed to record your changes, you may attach a separate sheet.

## Business Information Section

Please provide the following required information:

1. Federal (FEIN) and Indiana (TID) Identification Numbers
2. Legal names of the entity submitting the change request
3. DBA (Doing Business As) Name of the entity (if different from the legal name)
4. Business mailing address

## Old Responsible Officer Information

Complete all applicable columns. This information is necessary to ensure we identify and remove the correct individual.

**Note:** Supporting documentation establishing a separation date must be provided. Documentation may include: Corporate Minutes, Registration Letter, Financial Documents showing removal as a signatory of bank account, Affidavit from another officer; etc...

## New Responsible Officer Information

Complete all applicable columns. This information is necessary to ensure we correctly identify and add the new officer.

**Note:** Supporting documentation must be provided. Documentation may include: Corporate Minutes, Financial Documentation showing the addition of individual as Signatory of Bank Account, Affidavit from another officer; etc...

**This change/correction must be submitted and signed by an existing owner, partner or corporate officer before it will be accepted by the Department.**

**Note:** The individual submitting this change form request cannot be the person to be deleted as a responsible officer.



# APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN CORPORATION

State Form 38784 (R11 / 4-12) Corporate Form 112  
Approved by State Board of Accounts, 1995

**CONNIE LAWSON**  
**SECRETARY OF STATE**  
**CORPORATIONS DIVISION**  
302 W. Washington Street, Room E018  
Indianapolis, Indiana 46204  
Telephone: (317) 232-6576

- NOTES:**
1. An Original Certificate of Existence duly authenticated by the proper authority from corporation's domiciliary state within the last sixty (60) days must be submitted with this application.
  2. A Registered Agent with an Indiana street address (not a PO BOX) must be listed in ARTICLE III.

Indiana Code 23-1-49-1 et seq.  
23-1-49-3

**Filing Fee: \$90.00**

- INSTRUCTIONS:**
1. Use 8 1/2" x 11" white paper for attachments.
  2. Present original and one copy to address in the upper right corner of this form.
  3. Please TYPE or PRINT.
  4. Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

## APPLICATION FOR CERTIFICATE OF AUTHORITY OF

## A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF INDIANA

The undersigned officer of the above corporation which was formed as:

A general business corporation

A professional corporation

desiring to effectuate the admittance of the Corporation to transact business in the State of Indiana, certifies the following facts:

| ARTICLE I: Name   |                        |  |
|---|------------------------|--|
| Name of Corporation ( Must be identical to name shown in Articles of Incorporation and Amendments thereto)                            |                        |  |
| ARTICLE II: Address of Corporation  |                        |  |
| Address of the principal office of corporation (Number and street, city, state and ZIP code)  |                        |  |
| ARTICLE III: Registered Office and Registered Agent   |                        |  |
| Name of the Registered Agent of the corporation (cannot be the corporation itself)  |                        |  |
| Indiana address of the registered office of corporation (Number and street, city; P.O. Box not accepted)                              | INDIANA                | ZIP code   |
| ARTICLE IV: Date and State of Incorporation and Duration of Existence   |                        |  |
| Date of incorporation in domiciliary state (month, day, year):  | State of incorporation |  |
| Expected period of duration listed in the Articles of Incorporation (perpetual, term of years or date certain e.g. December 31, 2050) |                        |  |
| ARTICLE V: Corporate Officers   |                        |  |
| The names and business addresses of the officers of the Corporation:  |                        |  |
| Name  | Title                  | Address (Number, street, city, state and ZIP code) |
|   |                        |  |
|   |                        |  |
|   |                        |  |
|   |                        |  |
|   |                        |  |

**ARTICLE VI: Board of Directors**

The names and business addresses of the Board of Directors of the Corporation are as follows:

| <b>Name</b> | <b>Address (Number, street, city, state and ZIP code)</b> |
|-------------|---|
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |

In witness whereof, the undersigned being the \_\_\_\_\_ of said Corporation executes this  
*(Title: officer or Chairman of Board)*  
Application for Certificate of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

|           |              |
|-----------|--------------|
| Signature | Printed name |
|-----------|--------------|



# APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN LIMITED LIABILITY COMPANY

State Form 49464 (R4 / 4-12)  
Approved by State Board of Accounts, 2007  
Indiana Code 23-18-11-4 et seq.

**CONNIE LAWSON**  
**SECRETARY OF STATE**  
Mail to the following address:  
**BUSINESS SERVICES DIVISION**  
302 W. Washington Street, Room E018  
Indianapolis, Indiana 46204-2700  
Telephone: (317) 232-6576  
www.sos.in.gov

- NOTES:**
1. An Original Certificate of Existence duly authenticated by the proper authority from corporation's domiciliary state within the last sixty (60) days must be submitted with this application.
  2. A Registered Agent with an Indiana street address (not a PO BOX) must be listed in ARTICLE II.

- INSTRUCTIONS:**
1. Use 8-1/2" x 11" white paper for attachments.
  2. Present original and one (1) copy to the address on upper right corner of this form.
  3. Please TYPE or PRINT.
  4. Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

**Filing Fee: \$ 90.00**  
Make check or money order payable to Secretary of State

**APPLICATION FOR CERTIFICATE OF AUTHORITY**  
**OF**

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**A FOREIGN LLC**  
**TO TRANSACT BUSINESS IN THE STATE OF INDIANA**

The undersigned manager or member of the above \_\_\_\_\_ LLC  
(State of Domicile)

desiring to effectuate the admittance of the LLC to transact business in the State of Indiana, under the name of \_\_\_\_\_ certifies the following facts:  
(if using a fictitious business name, please specify the name above)

**ARTICLE I: NAME AND PRINCIPAL OFFICE**

Name of LLC (This must be identical to name shown in Articles of Organization and Amendments thereto.)  
\_\_\_\_\_  
Address of the principal office of LLC (number and street, city, state, and ZIP code)  
\_\_\_\_\_

**ARTICLE II: REGISTERED OFFICE AND REGISTERED AGENT**

Name of the registered agent of the LLC  
\_\_\_\_\_  
Indiana address of the registered office of LLC (number and street, city, state, and ZIP code)  
\_\_\_\_\_

**ARTICLE III: DATE OF ORGANIZATION AND DURATION OF EXISTENCE**

Date of organization in domiciliary state (month, day, year)  
\_\_\_\_\_  
Expected period of duration listed in the Articles of Organization (month, day, year or perpetual)  
\_\_\_\_\_

**ARTICLE IV: MANAGEMENT**

- The Articles of Organization state that the LLC is to be managed by its members.
- The Articles of Organization provide for a manager or managers.

In witness whereof, the undersigned being the \_\_\_\_\_ of said LLC executes this  
(Manager or member)  
Application for Certificate of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

|           |              |
|-----------|--------------|
| Signature | Printed name |
|-----------|--------------|



**APPLICATION FOR CERTIFICATE OF AUTHORITY  
OF A FOREIGN NONPROFIT CORPORATION TO TRANSACT  
BUSINESS IN THE STATE OF INDIANA**

State Form 37035 (R8 / 4-12) Corporate Form No. 364-4  
Approved by State Board of Accounts, 1995

**CONNIE LAWSON**  
**SECRETARY OF STATE**  
**CORPORATIONS DIVISION**  
302 W. Washington St., Rm. E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

**INSTRUCTIONS:** Use 8 1/2" x 11" white paper for attachments.  
Present original and one (1) copy to address in the upper right corner of this form.  
Please TYPE or PRINT.  
Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).  
**Applicant must submit a certificate of existence duly authenticated by the proper authority from corporation's domiciliary state.**

Indiana Code 23-17-26-1 et seq

**FILING FEE IS \$30.00**

The undersigned officer of \_\_\_\_\_  
(hereinafter referred to as the "Corporation"), which exists pursuant to the provisions of \_\_\_\_\_ as  
(state or country)  
amended, desiring to effectuate the admittance of the Corporation to do business in the State of Indiana, certifies the following facts:

| ARTICLE I - NAME  |  |
|---|--|
| Name of Corporation (must be identical to name shown in Articles of Incorporation and Amendments thereto) |  |

| ARTICLE II - REGISTERED OFFICE AND REGISTERED AGENT AND PRINCIPAL OFFICE                |          |
|---|----------|
| Street address of its registered office in Indiana (number and street, city, and state) | ZIP code |
| Name of the registered agent at the office  |          |
| Street address of its principal office (number and street, city, and state)             | ZIP code |

| ARTICLE III - DATE OF INCORPORATION AND DURATION OF EXISTENCE     |  |
|---|--|
| The date of incorporation in domiciliary state (month, day, year) |  |
| Period of duration  |  |

| ARTICLE IV - TYPE OF CORPORATION (CHECK ONLY ONE)  |  |
|--|--|
| If the Corporation had been incorporated in Indiana, it would be a:  |  |
| <input type="checkbox"/> public benefit corporation, which is organized for a public or charitable purpose;            |  |
| <input type="checkbox"/> religious corporation, which is organized primarily or exclusively for religious purposes; or |  |
| <input type="checkbox"/> mutual benefit corporation (all others).  |  |

**ARTICLE V - CORPORATE OFFICERS**

List the names and business addresses of the officers of the Corporation.

|      |       |  |          |
|------|-------|--|----------|
| Name | Title | Address (number and street, city, and state) | ZIP code |
| Name | Title | Address (number and street, city, and state) | ZIP code |
| Name | Title | Address (number and street, city, and state) | ZIP code |

Please attach additional sheets if necessary.

**ARTICLE VI - BOARD OF DIRECTORS**

The names and business addresses of the Board of Directors of the Corporation are as follows:

|      |  |          |
|------|--|----------|
| Name | Address (number and street, city, and state) | ZIP code |
| Name | Address (number and street, city, and state) | ZIP code |
| Name | Address (number and street, city, and state) | ZIP code |
| Name | Address (number and street, city, and state) | ZIP code |
| Name | Address (number and street, city, and state) | ZIP code |

Please attach additional sheets if necessary.

**ARTICLE VII**

Indicate whether the Corporation has members.  Yes  No members

In witness whereof, the undersigned being the \_\_\_\_\_ of said Corporation executes  
(Title)  
this Application for Certificate of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

|           |              |
|-----------|--------------|
| Signature | Printed name |
|-----------|--------------|



# INDIANA BUSINESS ENTITY REPORT

State Form 48725 (R5 / 4-12)

Approved by State Board of Accounts, 2009

|  |
|--|
| <p><b>CONNIE LAWSON</b><br/> <b>SECRETARY OF STATE</b><br/> <b>BUSINESS SERVICES DIVISION</b><br/> 302 W. Washington Street, Room E018<br/> Indianapolis, Indiana 46204<br/> Telephone: (317) 232-6576</p> |
|--|

- INSTRUCTIONS:**
1. All corporations must complete Sections A-H (Section G & H are located on the reverse side of this form).
  2. All LLCs must complete Sections A-E and Section H.
  3. File report online with a credit card. Refer to [www.sos.in.gov](http://www.sos.in.gov).
  4. Mail this completed report, along with a check or money order payable to Secretary of State, to Business Services at the above address.

| SECTION A   |  |
|---|--|
| Current entity name and principal office address (number and street, city, state, and ZIP code) | Please make any changes to address here. * |
|   |  |

\* Entity name can not be changed on this report.

| SECTION B           |   |
|---------------------|---|
| Current filing year | Past filing years reported on this form |
|                     |   |

| SECTION C  |                   |
|--|-------------------|
| Date of incorporation / qualification / formation (month, day, year) | State of domicile |
|  |                   |

| SECTION D<br>(Please check the appropriate type for your corporate entity.)  |  |
|--|--|
| <input type="checkbox"/> Business Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Ag Coop <input type="checkbox"/> Limited Liability Company |  |

| SECTION E  |  |
|--|--|
| Current registered agent and registered address ** | Please make changes to agent and address here. |
|  |  |

\*\* P.O. box is not an acceptable address unless accompanied by a rural route number.

| SECTION F   |  |
|---|--|
| Current President or highest officer and address (number and street, city, state, and ZIP code) | Please make changes to officer and address here. |
|   |  |

|   |  |
|---|--|
| Current Secretary or other officer and address (number and street, city, state, and ZIP code) | Please make changes to officer and address here. |
|   |  |

**SECTION G**  
*(Please list the name(s) and address(es) of current director(s). If necessary, attach an additional sheet)*

| Name of Director | Street Address (number and street) | City | State | ZIP Code |
|------------------|------------------------------------|------|-------|----------|
|                  |                                    |      |       |          |
|                  |                                    |      |       |          |
|                  |                                    |      |       |          |
|                  |                                    |      |       |          |
|                  |                                    |      |       |          |
|                  |                                    |      |       |          |

**SECTION H**  
*(This must be signed by a corporate officer, chairman of the board, registered agent, certified public accountant or an attorney employed by the entity or by a member of manager of the LLC.)*

This document is signed under the penalties of perjury. *(Check the fee schedule on the reverse side of this form)*

|           |                                      |
|-----------|--------------------------------------|
| Signature | Date of signature (month, day, year) |
|-----------|--------------------------------------|

**FEE SCHEDULE**

**DOMESTIC CORPORATIONS**

All Indiana / domestic corporations must file a biennial report with the Secretary of State. The fee is \$30.00 for a two-year registration. The report is due in the anniversary month of incorporation. Corporations incorporated in an even year must file every even year beginning in 1996. Corporations incorporated in an odd year must file every odd year beginning in 1997. For all domestic corporations any reports due prior to 1996 were filed on an annual basis with a fee of \$15.00 per year.

**FOREIGN CORPORATIONS**

All foreign (*non-Indiana*) corporations must file a biennial report with the Secretary of State. The fee is \$30.00 for a two-year registration. The report is due in the anniversary month of qualification in Indiana. Corporations qualified in an odd year must file every odd year beginning in 1997. Corporations qualified in an even year must file every even year beginning in 1998. For all foreign corporations any reports due prior to 1997 were filed on an annual basis with a fee of \$15.00.

**LIMITED LIABILITY COMPANIES (domestic and foreign)**

All limited liability companies (LLC) must file a biennial report with the Secretary of State. The fee is \$30.00 for a two-year registration. The report is due in the anniversary month of organization or qualification in Indiana. LLCs organized in an odd year must file every odd year beginning in 1997. LLCs qualified in an even year must file every even year beginning in 1998. For all LLCs any reports due prior to 1997 were filed on an annual basis with a fee of \$15.00.

**NONPROFIT CORPORATIONS**

All nonprofit corporations (domestic and foreign) must file annual reports in the anniversary month of incorporation. The filing fee is \$10.00 per year.

**LIMITED LIABILITY PARTNERSHIPS AND LIMITED PARTNERSHIPS**

These entities do not file corporate reports.