

REINSTATEMENT DIRECTIONS  
FOREIGN ENTITIES

As a result of Revocation of your entity's Certificate of Authority to transact business in Indiana, the following steps must be taken to reinstate your foreign entity prior to transacting any further business in the State of Indiana. 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 Reinstatement Affidavit and ROC-1 form. **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 to the Department of Revenue.

**Mailing Address**

Indiana Department of Revenue  
100 North Senate Avenue  
Room N-203  
Indianapolis, Indiana 46204  
(317) 232-2045

**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 Reinstatement, Reinstatement Affidavit, 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.
- If the Reinstatement Affidavit is completed by someone other than a corporate officer, the corporation must also execute the Power of Attorney for its representative and send it with the Reinstatement Affidavit to the Department of Revenue.

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

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

**STEP 3** Obtain an original Certificate of Existence from the Secretary of State of the state or country under whose law the entity the law is incorporated. Copies are NOT acceptable. The Certificate must be dated within the 60 days prior to submission of the filing to our office.

**STEP 4** Complete the **Application for Certificate of Authority**.

**STEP 5** Complete the Business Entity Report form 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 non-profit entities. **It is not necessary to complete separate forms for filing each year**, as long as the filing fee for each year owed is paid, and the **most current** corporate information is provided. To determine amount due, visit our website at [www.IN.gov/sos](http://www.IN.gov/sos) or call (317)232-6576.

- All sections must be completed
- Signature of an officer is required

**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
- 3) Business Entity Report
- 4) A check or money order payable to the Secretary of State for the filing fees to the following address:  
Secretary of State, Corporations 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 \$90.00.
  - 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.

Indiana Department of Revenue

Affidavit for Reinstatement of Foreign Corporation

AD-19 (2)

SF 49707

(R2/ 10-07)

State of \_\_\_\_\_ )
) SS
County of \_\_\_\_\_ )

\_\_\_\_\_ being duly sworn according to law, affirms that he/she is the
(name)

\_\_\_\_\_ of \_\_\_\_\_ a corporation organized
(official capacity) (corporation name)

under the laws of the State of \_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, authorized to do business in the
(incorporation date)

State of Indiana, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ with its principal office located at address \_\_\_\_\_
(date authorized)

\_\_\_\_\_, city \_\_\_\_\_, state \_\_\_\_\_, zip \_\_\_\_\_,

and identified by Federal ID # \_\_\_\_\_, and Indiana sales / withholding tax account

number (TID #) \_\_\_\_\_, and that he/she makes this affidavit for and on behalf of this

corporation. He/She states that the books and records of this corporation are kept at \_\_\_\_\_
(address)

\_\_\_\_\_, in care of \_\_\_\_\_
(name)

That this corporation is engaged in the business of \_\_\_\_\_
(primary purpose)

To the best of my belief and knowledge, all of the said corporation's Indiana taxable income received on and after May 1,

1933, has been included in Indiana income tax returns filed with the Indiana Department of Revenue and that all tax has

been paid. The last Indiana income tax return was filed for year ending \_\_\_\_/\_\_\_\_\_. The latest sales and/or withholding
(month) (year)

tax return(s) were filed on for period ending \_\_\_\_/\_\_\_\_\_, under \_\_\_\_\_
(month) (year) (name)

That this affidavit is made for the sole purpose of inducing the Indiana Department of Revenue to issue a notice, as

provided under the applicable taxing acts, to the effect that such corporation has paid all taxes due which will permit the

Indiana Secretary of State to reinstate the corporation to active status as authorized to do business in the State of Indiana.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ )
) SS
County of \_\_\_\_\_ )

\_\_\_\_\_  
Title

Subscribed before me, a Notary Public in and for said county and state, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_
(month) (year)

\_\_\_\_\_  
Commission Expiration Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
County / State of Residence

\_\_\_\_\_  
Printed Name

Mail to: Indiana Department of Revenue, Tax Administration, Room N203, 100 N. Senate Avenue, Indianapolis, IN 46204.



**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 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.

**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 (R9/ 12-02) Corporate Form 112  
Approved By State Board Of Accounts, 1995

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

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

**Filing Fee: \$90.00**

- 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.

- INSTRUCTIONS:**
- Use 8 1/2" x 11" white paper for attachments.
  - Present original and one 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).

## 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:

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
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# INDIANA BUSINESS ENTITY REPORT

State Form 48725 (R3 / 1-09)

Approved by State Board of Accounts, 2009

**TODD ROKITA**  
**SECRETARY OF STATE**

Mail to the following address:  
**BUSINESS SERVICES DIVISION**  
302 W. Washington St., Room E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

- 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).

Make check or money order payable to Secretary of State

## 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

(Please check the appropriate type for your corporate entity.)

Business Corporation     Professional Corporation     Nonprofit Corporation     Ag Coop     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	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 <i>(month, day, year)</i>
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**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.