



State of Hawaii
Department of Commerce and Consumer Affairs
Business Registration Division
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BusinessRegistrations.com

Nonrefundable Filing Fee:
Profit Corporation: \$25.00
Nonprofit Corporation: \$10.00
General Partnership: \$10.00
Limited Partnership: \$10.00
LLP: \$25.00*
LLLP: \$10.00
LLC: \$25.00

APPLICATION FOR REINSTATEMENT

(Sections 414-403, 414D-250, 415A-18, 425-14, 425-164, 425E-810, 428-811, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. Attachments to this form may be used, if necessary.

The undersigned, submitting this application for reinstatement, certifies as follows:

1. The name of the business entity is:

(Corporation, Partnership, or LLC Name)

2. The domestic entity is a(n) (select one):

☐ Profit Corporation
(F/\$25/B15)

☐ Nonprofit Corporation
(F/\$10/B15)

☐ General Partnership
(F/\$10/B29)

☐ Limited Partnership
(F/\$10/B31)

☐ Limited Liability Partnership*
(F/\$25/L34)

☐ Limited Liability Limited Partnership
(F/\$10/B31)

☐ Limited Liability Company
(F/\$25/L14)

* (If LLP is selected, General Partnership must also be selected, and the \$10.00 fee must be paid.)

3. The business entity was involuntarily dissolved/cancelled/revoked or administratively terminated/dissolved/cancelled by Decree/Order issued by the Director of Commerce and Consumer Affairs on:

(MM/DD/YYYY)

4. Attached are the delinquent annual statements/reports for the years:

, , , ,

5. Attached is a certificate or other writing from the State of Hawaii, Department of Taxation, indicating that all taxes have been paid, or that a payment arrangement has been entered into, or that the unpaid tax liabilities are being contested in an administrative or judicial appeal with the Department of Taxation.

6. Attached is payment for all delinquent fees, penalties and other costs in the amount of: \$.

I/We certify under the penalties set forth in Sections 414-20, 414D-12, 425-13, 425-172, 425E-208 and 428-1302, Hawaii Revised Statutes, as applicable, that I/we have read the above statements, I/we am/are authorized to make this change, and that the above statements are true and correct to the best of my/our knowledge and belief.

Signed this day of , .

Type/Print Entity Name

OR

Type/Print Individual's First Name

Last Name

Type/Print name and office title, capacity in which person signs.

Signature

Type/Print Entity Name

OR

Type/Print Individual's First Name

Last Name

Type/Print name and office title, capacity in which person signs.

Signature

See instructions on next page.

INSTRUCTIONS AND INFORMATION FOR PREPARING AND FILING AN APPLICATION FOR REINSTATEMENT

Sections [414-403](#), [414D-250](#), [415A-18](#), [425-14](#), [425-164](#), [425E-810](#), [428-811](#), Hawaii Revised Statutes (HRS)

Application must be typewritten or printed in **black ink** and must be **legible**. Attachments may be used, if necessary, and must be typed or printed in **black ink** on 8.5" x 11" white bond paper, single-sided.

The reinstatement period is **within two years** after the effective date of involuntary dissolution/cancellation/revocation or administrative termination/dissolution/cancellation of the entity. Only domestic entities may apply for reinstatement.

The application must be signed and certified as follows: if the applicant is a **partnership**, at least one general partner must sign on behalf of the partnership; for a **corporation**, by at least one corporate officer on behalf of the corporation; and for a **limited liability company**, by at least one manager of a manager-managed company or by at least one member of a member-managed company. All signatures must be in **black ink**. Submit application together with the appropriate fee(s).

- Item 1. State the complete name of the domestic business entity.
- Item 2. Check the appropriate box to indicate the entity type of the business. *If the entity is an LLP, the box for General Partnership must also be checked and the General Partnership filing fee must be paid.
- Item 3. State the date the business entity was involuntarily dissolved/cancelled/revoked or administratively terminated/dissolved/cancelled by Decree/Order issued by the Director of Commerce and Consumer Affairs.
- Item 4. State the years (MM/DD/YYYY) that the entity's annual statements/reports are delinquent. All delinquent annual statements/reports must be filed with this application.
- Item 5. (Prefilled, required statement and action.) A certificate or other writing from the State of Hawaii, Department of Taxation must be filed with this application indicating that all taxes have been paid, or that a payment arrangement has been entered into, or that the unpaid tax liabilities are being contested in an administrative or judicial appeal with the Department of Taxation.

Filing Fees: The fee for filing an Application for Reinstatement is not refundable, as follows:

Profit Corporation: **\$25.00**
Nonprofit Corporation: **\$10.00**
General Partnership: **\$10.00**
Limited Partnership: **\$10.00**
Limited Liability Partnership: **\$25.00***
Limited Liability Limited Partnership: **\$10.00**
Limited Liability Company: **\$25.00**

*For an **LLP**, the filing fee is \$25.00 plus the General Partnership filing fee of \$10.00, for a total of **\$35.00**.

Optional: the fee for one certified copy is \$10.00. Payments made by cash, check, or credit card (VISA, MasterCard, Discover, Diners Club, or JCB) are accepted. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored check fee is \$25.00.

For any questions, call (808) 586-2727 or email breg@dcca.hawaii.gov.

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE BUSINESS REGISTRATION DIVISION SECRETARY AT (808) 586-2744 TO SUBMIT YOUR REQUEST.

ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION [92F-11](#), HRS)