

**APPLICATION FOR REINSTATEMENT OF A CORPORATION  
ADMINISTRATIVELY DISSOLVED**

**FILING FEE: \$250.00**

**File Original and two Copies.**

**FILE WITH:            REGISTRAR OF CORPORATIONS**  
**Department of Commerce**  
**1<sup>st</sup> Floor, Capitol Hill**  
**P.O. Box 5795 CHRB**  
**Saipan, MP 96950**

With this application you must obtain and attach a Certificate of Compliance from the Department of Finance Division of Revenue and Taxation reciting that all taxes owed by the Corporation has been paid.

**Name and Address of Corporation:**

Telephone No.: (     ) \_\_\_\_\_

**State the Date of the Administrative Dissolution:**

**State the Ground(s) for Dissolution:**

**State that the Corporation's name satisfies the requirements of Section 4.01**

**Signature:**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Print Name & Title of Person Signing**  
**(Must be Director or Officer of the Corporation)**