

**Form 801
(Revised 12/23)**

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Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: [See instructions](#)



**Application for Reinstatement
And Request to Set Aside
Tax Forfeiture**

1. The name of the entity is: _____

The entity is a foreign entity that was required to obtain its registration under a name that differs from the legal name stated above. The fictitious name under which the entity is registered is: _____

2. The file number issued to the filing entity by the secretary of state is: _____

3. The entity was forfeited or revoked under the provisions of the Texas Tax Code on: _____
mm/dd/yyyy

4. The undersigned requests that the forfeiture or revocation of the entity be set aside, and certifies that:
- The entity has filed each delinquent report that is required by chapter 171 of the Tax Code and has made payment for the tax, penalty, and interest imposed and that is due at the time of this application as evidenced by the attached tax clearance letter; and
 - On the date of forfeiture or revocation, the undersigned person was:
 - an officer, director, or shareholder of the above-named for-profit or professional corporation; or
 - an officer, director, or member of the above-named professional association; or
 - an officer, director, or member of the above-named nonprofit corporation; or
 - a member or manager of the above-named limited liability company; or
 - a partner of the above-named limited partnership; or
 - a trustee or beneficial owner of the above-named statutory or business trust.

Additional Required Documentation or Filings

- ☐ Comptroller of Public Accounts Tax Clearance Letter
☐ Letter of Consent or Amendment to Certificate of Formation or Application for Registration
(Required when entity name is no longer available.)

Execution

The undersigned declares under penalty of perjury, and the penalties imposed by law for the submission of a materially false or fraudulent instrument, that the undersigned is authorized to make this request; that the statements contained herein are true and correct; and that tax clearance was not obtained by providing false or fraudulent information.

Date: _____

By: _____
Name of entity (see instructions)

Signature of authorized person (see instructions)

Printed or typed name of authorized person