

**Form 811****(Revised 10/23)**

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](#)**Certificate of  
Reinstatement**

This space reserved for office use.

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:

The file number issued to the filing entity by the secretary of state is: \_\_\_\_\_

2. The jurisdiction of organization of the entity is: \_\_\_\_\_  
(state or country)

The entity was organized or obtained its registration on: \_\_\_\_\_  
mm/dd/yyyy

3. The effective date of the entity's termination or revocation is: \_\_\_\_\_  
mm/dd/yyyy

4. The condition giving rise to the termination of the entity's existence or the revocation of its registration is described below. The entity requests reinstatement under the following code provision:  
(Select the appropriate box below. Do not check more than one box.)

**4A. Reinstatement of a Texas Entity Following a Voluntary Termination**

☐ The domestic filing entity requests reinstatement under section 11.202 of the Texas Business Organizations Code following the filing of a certificate of termination. The undersigned certifies that the conditions for reinstatement of the entity's certificate of formation are met and that the reinstatement of the filing entity has been approved in the manner provided by the Texas Business Organizations Code.

**4B. Reinstatement of a Texas Entity Following an Involuntary Termination**

☐ The domestic filing entity requests reinstatement of its certificate of formation after the involuntary termination of its existence by the secretary of state pursuant to subchapter F of chapter 11 of the Texas Business Organizations Code. The entity has corrected the circumstances giving rise to its involuntary termination and has taken any other action required for its reinstatement, including the payment of any fees, interest, or penalties. The undersigned certifies that the reinstatement of the filing entity has been approved in the manner required by the Texas Business Organizations Code.

**4C. Reinstatement of a Foreign Entity Registration Following a Revocation (3-year limit)**

☐ The foreign filing entity requests reinstatement of its registration after the revocation by the secretary of state pursuant to subchapter C of chapter 9 of the Texas Business Organizations Code. The entity has corrected the circumstances giving rise to its revocation and has taken any other action required for its reinstatement, including the payment of any fees, interest, or penalties.

5. The name of the entity's registered agent and the address of the entity's registered office are as follows: (Select and complete either A or B and complete C)

☐ A. The registered agent is an organization (cannot be the entity seeking reinstatement) by the name of:

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**OR**

☐ B. The registered agent is an individual resident of the state whose name is set forth below:

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<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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C. The business address of the registered agent and the registered office address is:

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<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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The street address of the registered office as stated in this instrument is the same as the registered agent's business address.

### **Additional Documentation or Filings**

☐ Comptroller of Public Accounts Tax Clearance Letter (Required, unless entity is a nonprofit corporation.)

☐ Amendment to Certificate of Formation or Registration (Required if entity name is no longer available.)

☐ Other

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*(A certificate of reinstatement may be conditioned on the submission of additional filings. See instructions.)*

### **Execution**

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

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

By: \_\_\_\_\_  
Name of entity (see instructions)

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Signature of authorized person (see instructions)

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Printed or typed name of authorized person