

**Form 814**  
**(Revised 06/11)**

Submit in duplicate to:  
Secretary of State  
Reports Unit  
P.O. Box 12028  
Austin, TX 78711-2028  
Phone: (512) 475-2705  
Fax: (512) 463-1423  
Dial: 7-1-1 for Relay Services  
[Instructions](#)  
**Filing Fee: \$75**



**Certificate of Reinstatement  
of a Professional Association  
After Failure to File  
Annual Statement**

This space reserved for office use.

1. The name of the professional association is: \_\_\_\_\_

The association was required to register in Texas under the following assumed name: (if applicable) \_\_\_\_\_

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

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

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

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

4. The association certifies that the circumstances giving rise to its involuntary termination or revocation have been corrected by the submission of each annual statement due, and, further, that the association has satisfied its obligations under the Tax Code and all conditions for reinstatement have been met.

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

**OR**

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

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*M.I. Last Name*

\_\_\_\_\_  
*Suffix*

6. The registered office address, which is identical to the business address of the registered agent in Texas, is:  
(use street or building address; see Instructions)

\_\_\_\_\_  
*Street Address* *City* *TX* *State* *Zip Code*

**Additional Documentation and Filings**

- ☐ Comptroller of Public Accounts Tax Clearance Letter (Required)  
☐ Annual Statement(s) (Include each annual statement (Form 803) and applicable filing fee(s) due at time of reinstatement.)  
☐ Amendment to Certificate of Formation or Registration (Required only if entity name is no longer available and include applicable fee.)

**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: \_\_\_\_\_  
Signature of authorized officer

\_\_\_\_\_  
Printed or typed name of officer and title