

## State of New Jersey - Division of Taxation

### APPLICATION FOR REINSTATEMENT OF CORPORATE CHARTER

Mail To: State of New Jersey  
Department of The Treasury  
Division of Taxation  
Corporate Services Audit Group  
PO Box 277  
Trenton, NJ 08695-0277

Fax To: Corporate Services Audit Group  
(609) 292-3467

This form is to be used to permit the Director of the Division of Taxation to release information pertaining to the reinstatement of a corporation's charter to the authorized representatives of subject corporation. The following information is submitted in order to avoid inordinate delays in the reinstatement process. Please type or print clearly.

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Complete Name of Corporation: \_\_\_\_\_

Trade Name (if any): \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Corporation Serial Number: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Date and State of Incorporation: \_\_\_\_\_

Date Charter Declared Void: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Does Corporation hold Title to Real Estate? \_\_\_\_\_ If so, when acquired? \_\_\_\_\_

Does Corporation derive income from the rental of such property? \_\_\_\_\_

Corporation Status (check one):  ACTIVE  INACTIVE

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Permission is hereby granted to release any information regarding the above corporation necessary to facilitate the reinstatement of the corporation's charter to the agent named below:

\_\_\_\_\_  
Name Relationship to Corporation

\_\_\_\_\_  
No. Street

\_\_\_\_\_  
City State Zip Code

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

\_\_\_\_\_  
Authorized Signature Corporate Officer Title Date