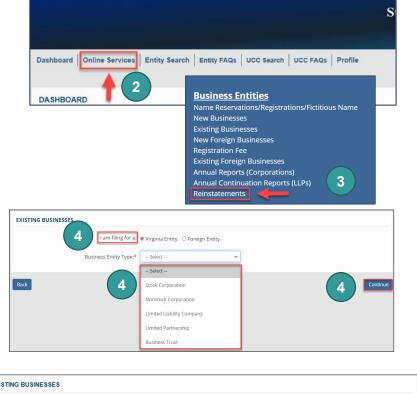


File a Reinstatement in the Clerk's Information System

If a business entity's existence or registration to transact business in Virginia has lapsed, you can file a reinstatement online. The reinstatement must be filed **within 5 years** after the date on which the existence was terminated, canceled, revoked, or withdrawn. This how-to guide will walk you through reinstating a business entity online in the new Clerk's Information System (CIS) <u>https://cis.scc.virginia.gov/</u>.

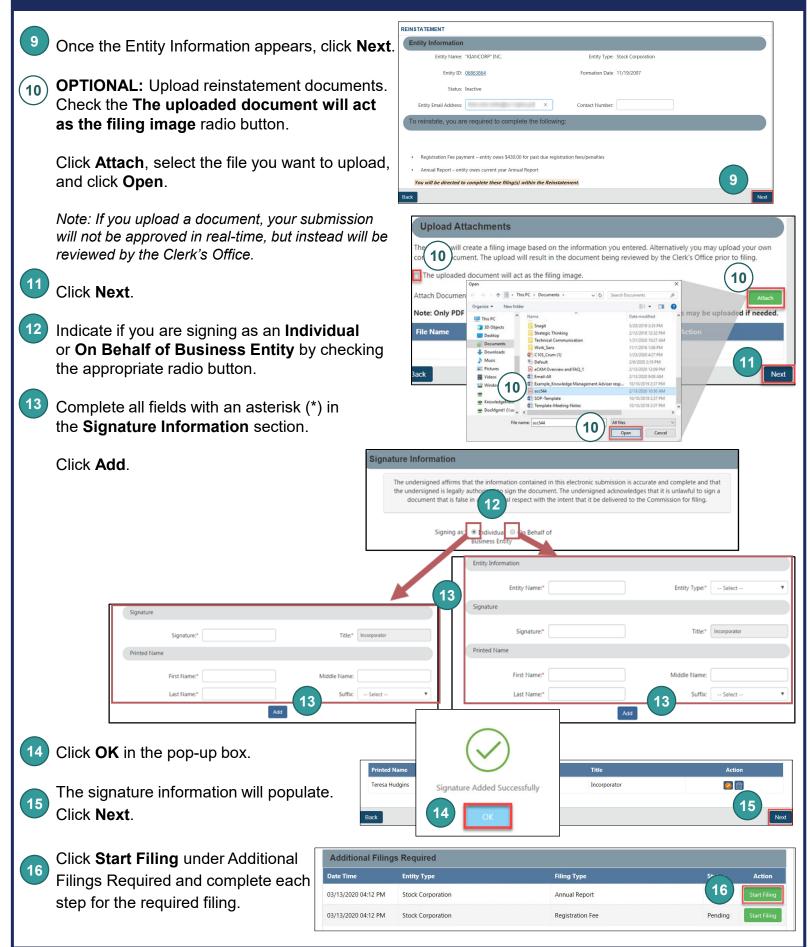
Log on to CIS at https://cis.scc.virginia.gov/. Note: Google Chrome, Internet Explorer or Microsoft Edge are recommended. DASHBOARD Click Online Services on the top left. Under Business Entities, click 3 Reinstatements. EXISTING BUSINESSE 4 Select the appropriate Entity button. 4 Then, select the appropriate Business Entity Type from the drop-down and Back click Continue. 5 Locate your business in the system by either: EXISTING BUSINESSES A. Searching for it using the Entity SEARCH 5A Name field, OR Entity Name B. Entering your Entity ID. 6 Click Search. 7 Click the Select button next to your business' name. DO NOT click the green entity name. 8 Click Continue.



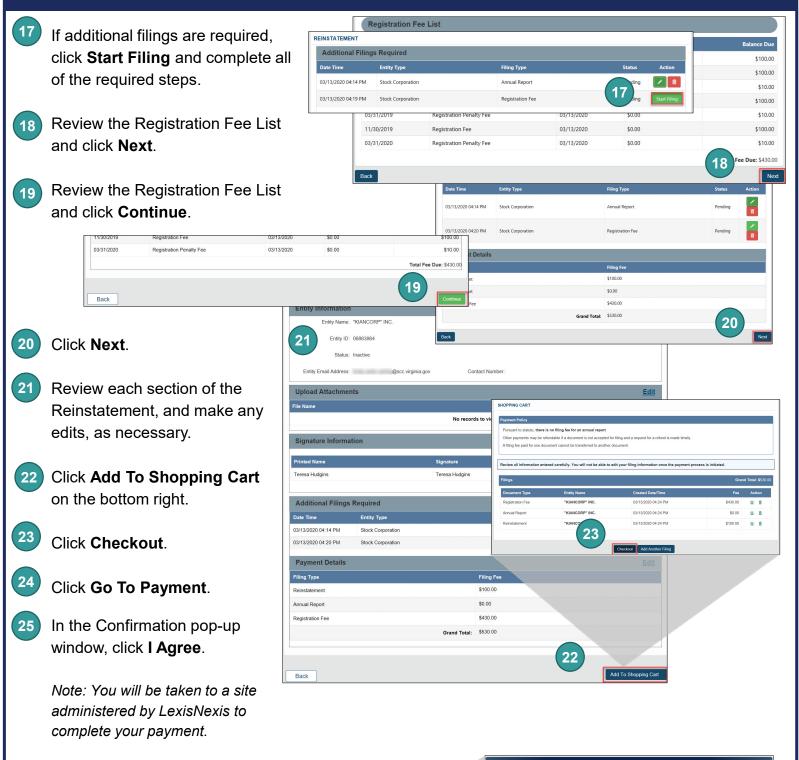


Select		Entity Name	Name Type	Entity Type	Address	Formation Date	Status	Status Date
•	06863864	"KIANCORP" INC.	Legal Name	Stock Corporation	11700 CARIS GLENNE DRIVE, HERNDON, VA, 20170 - 0000, USA	11/19/2007	Inactive	03/10/201
		INC.	Name	Corporation	20170 - 0000, USA		Page 1 of 1, r	ecords 1

File a Reinstatement



File a Reinstatement





Confirmation

I acknowledge that I have reviewed all information entered for inclusion in the document(s) I am filing/submitting and confirm the information is accurate and complete. After a filing is completed, inaccurate information can only be corrected by making an additional filing, which will require the payment of additional fees in most cases

If you do not receive a confirmation page, please use the Feedback button on the home page to let us know.



File a Reinstatement

- Enter your Billing Address and Payment Information, completing all fields marked with an asterisk (*).
 You must complete the Captcha field.
- 27) Click Continue.

28

Check the **Acknowledgement** radio button and click **Pay Now**.

Note: Do not close the browser window.

29 You will be directed to a confirmation screen.

26	Agency Amount .exisNexis Service Fee Fotal Amount	\$530.00 \$.00 \$\$30.00
Billing Address		Payment Information
ADDRESS TYPE		PAYMENT TYPE
Domestic (US and O Military Puerto Rico) (APO/FPO)	 International (including Canada, Mexico) 	Credit Card Personal Check Business Check
Billing First Name*		Card Number*
Billing Last Name*		Expiration Month*
Billing Zip Code*		Expiration Year*
Billing Address Line1*		Security Code*
Billing Address Line2		We've provided this sample credit card to assist you in finding the security code.
Billing City*		finding the security code.
Billing State*	AL ~	Captcha*
E-mail*		Enter Captcha
Confirm E-mail*		
Phone Number*	(999) 999-9999	
Cancel		27 Continue

