



Business Program
 Colorado Secretary of State
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Statement Curing Delinquency

Filed pursuant to §7-90-904 of the Colorado Revised Statutes (C.R.S.)

Section 1 – Entity information

For the delinquent entity, its ID number, entity name and jurisdiction of formation are ID number (Colorado Secretary of State ID number):

Entity name:

Jurisdiction where formed:

Section 2 – Statement correcting delinquency

By providing the information required herein, this statement corrects all grounds for delinquency cited by the secretary of state.

Section 3 – Registered agent information

The registered agent name and registered agent address of the registered agent are:

Name (if an individual)

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Or

Name (if an entity):

Caution: Do not provide both an individual and an entity name

The person appointed as registered agent has consented to being so appointed.

Street Address

Street Address 1

Street Address 2

City	State	ZIP code
<input type="text"/>	CO	<input type="text"/>

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

If the following statement applies, adopt the statement by marking the box.

The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

Section 4 – Entity principal office address

The principal office address of the entity's principal office is

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

If the following statement applies, adopt the statement by marking the box.

The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

Section 5 – Additional information (if applicable)

If the following statement applies, adopt the statement by marking the box and include an attachment.

The document contains additional information as provided by law.

Section 6 – Delayed effective date (if applicable)

If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format (mm/dd/yyyy hour:minute am/pm)

The delayed effective date and, if applicable, time of this document is/are

Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. If you don't enter a specific time, the filing will take effect at 11:59 PM. Times are MST/MDT.

Section 7 – Notice of perjury

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

Section 8 – Filer's information

The name and mailing address of the individual causing the document to be delivered for filing are:

Last name First name Middle Suffix

Address 1

Address 2

City State ZIP code

Province (if applicable) Country

If the following statement applies, adopt the statement by marking the box and include an attachment:

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Section 9 – Disclaimer

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet.

Questions should be addressed to the user's legal, business or tax advisor(s).

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