

**STATE OF MARYLAND
CORPORATE NAME RESERVATION
APPLICATION FOR RE-RESERVATION PURSUANT TO
THE MARYLAND CODE**

NOTE: A FEE OF \$25.00 MUST ACCOMPANY THIS APPLICATION

() CHECK HERE FOR EXPEDITED SERVICE ***AN ADDITIONAL FEE OF \$20.00 REQUIRED***

TO: THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

RE: DEPARTMENT ID# V _____

PLEASE RE-RESERVE, IF AVAILABLE, THE FOLLOWING ENTITY NAME:

(List name to be re- reserved with the appropriate tail here; e.g., Inc, LLC, LLP.)

FOR THE EXCLUSIVE PERIOD OF 30 DAYS PURSUANT TO THE MARYLAND CODE, THE UNDERSIGNED BEING THE PERSON INTENDING TO FORM AN ENTITY AND ADOPT THE ABOVE RE-RESERVED NAME, HEREBY EXECUTES THIS APPLICATION THIS _____ DAY OF _____, _____ A.D.

NAME AND ADDRESS OF APPLICANT: (Please be sure the name and address of the applicant match the original name reservation.)

BY: _____
Signature of Applicant

Name: _____
Print or Type Name

**Room 801-301 West Preston Street – Baltimore, Maryland 21201 Phone: (410) 767-1350
TTY Users call Maryland Relay 1-800-735-2258 Toll Free in MD: 1-888-246-5941
Website: <http://www.dat.maryland.gov>**