

[Your Name/Dealership Name]
[Dealership Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Surety Company Name]
[Surety Company Address]
[City, State, Zip Code]

RE: Request for Reinstatement of Surety Bond

Bond Number: [Insert Bond Number]
Principal: [Insert Dealership Name]
Effective Date of Cancellation: [Insert Date]

To Whom It May Concern,

I am writing to formally request the reinstatement of the above-referenced Auto Dealer Surety Bond, which was recently cancelled or set for cancellation due to [Reason for Cancellation, e.g., non-payment of premium / failure to provide updated documentation].

I have addressed the cause of the cancellation by [Action Taken, e.g., enclosing the full premium payment / attaching the required financial statements].

We value our relationship with [Surety Company Name] and wish to continue our coverage without a lapse. Please provide a Reinstatement Notice or a written confirmation once the bond is active again so that we may provide a copy to the [State Department of Motor Vehicles/Regulatory Agency].

Thank you for your prompt attention to this matter. Please contact me at [Phone Number] if you require any further information.

Sincerely,

[Signature]

[Typed Name]
[Title/Position]