

Filing Fee \$5.00

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

**STATEMENT OF
REVOCATION OF VOLUNTARY
DISSOLUTION PROCEEDINGS**

(Written Consent of Members or Directors)

(Name of Corporation)

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____ Deputy Secretary of State</p>
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Pursuant to [13-B MRSA §1102](#), the undersigned corporation executes and delivers for filing the following statement of revocation of voluntary dissolution proceedings previously authorized:

FIRST: The names and respective addresses of its officers and directors are:

<u>Title</u>	<u>Name</u>	<u>Address</u>
President	_____	_____
Treasurer	_____	_____
Secretary	_____	_____
Clerk	_____	_____
Directors:	_____	_____
	_____	_____
	_____	_____

(List additional directors on reverse side)

SECOND: ("X" one box only) Exhibit A attached hereto is a copy of the written consent signed by:

- All members of the corporation entitled to vote.
- All directors of the corporation, there being no members or no members entitled to vote.

THIRD: The address of the registered office of the corporation in the State of Maine is _____

(street, city, state and zip code)

DATED _____

*By _____
(signature)

<p style="text-align: center;"><i>MUST BE COMPLETED FOR VOTE OF MEMBERS</i></p> <hr/> <p>I certify that I have custody of the minutes showing the above action by the members.</p> <hr/> <p style="text-align: center;">(signature of clerk, secretary or asst. secretary)</p>

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

*This document **MUST** be signed by any authorized officer. ([13-B MRSA §104.1.B](#))

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**