

Filing Fee \$25.00

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

CERTIFICATE OF RESUMPTION

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [13-B MRSA §1301.6](#), the undersigned corporation executes and delivers for filing this Certificate of Resumption: **After filing this certificate, the corporation is required to file annual reports beginning with the next reporting deadline following resumption.**

FIRST: This certificate was adopted by a majority of the ("X" one box only) members directors on
(date) _____ at (location) _____
("X" one box only) at a meeting legally called and held by unanimous written consent

SECOND: It is hereby certified that a majority of the ("X" one box only) members directors have voted to resume carrying on activities.

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

(street, city, state and zip code)

FOURTH: ("X" one box only) public benefit corporation mutual benefit corporation

DATED _____

<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>

*By _____
(signature)

(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](#))

Please remit your payment made payable to the Maine Secretary of State.

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