

SIXTH: Time period needed to complete the purpose(s) specified in item fifth: _____

SEVENTH: The name(s) and address of party or parties requesting revival:

(type or print name) (street address)

(city, state and zip code)

(type or print name) (street address)

(city, state and zip code)

(type or print name) (street address)

(city, state and zip code)

DATED _____

(signature of any duly authorized person)

(type or print name)

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

Submit Completed Forms To: Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone: (207) 624-7752