Filing Fee \$75.00 DOMESTIC BUSINESS CORPORATION STATE OF MAINE ARTICLES OF REVOCATION OF DISSOLUTION Deputy Secretary of State A True Copy When Attested By Signature Deputy Secretary of State (Name of Corporation) Pursuant to 13-C MRSA §1405.3, the undersigned corporation executes and delivers the following Articles of Revocation of Dissolution: FIRST: The effective date of the dissolution that was revoked is ______. The date that the revocation of dissolution was authorized is **SECOND:** THIRD: ("X" one box only.) The incorporators revoked the dissolution. The board of directors revoked the dissolution. The board of directors revoked the dissolution that was authorized by the shareholders and that revocation

was permitted by action of the board of directors alone pursuant to that authorization.

The shareholders revoked the dissolution in the manner required by this Act and by the corporation's

(signature of any duly authorized officer)

(type or print name and capacity)

*This document MUST be signed by any duly authorized officer OR the clerk. (13-C MRSA §121.5)

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

articles of incorporation.

DATED

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:	
Optional special handling request(s): (check on	nly if applicable)
Hold attested copy for pick up (will b	pe required to pick up at our office in Augusta, Maine)
24-hour expedited filing (next busine	ess day) service: \$50 additional filing fee per entity
Immediate expedited filing (same bus	siness day): \$100 additional filing fee per entity
NOTE: Only one expedite fee is required if filing	multiple documents for the same entity/charter number at the same time
Payment can be made by check or money order obtain a credit card voucher at https://www.maine	er (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.
Total fee(s)) enclosed: \$
(Name of contact person)	(Daytime telephone number)
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)
Name and address of person to return the atteste	ed copy of the completed filing:
(Nan	me of attested copy recipient)
	(Firm or Company)
	(Mailing Address)
	(City, State & Zip)

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS
Department of the Secretary of State
Corporations, UCC and Commissions
111 Sewall Street, 4th Floor
Augusta, ME 04330