

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><b>A True Copy When Attested By Signature</b></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)

\_\_\_\_\_  
(type or print name and capacity)

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

<p style="text-align: center;"><b><i>MUST BE COMPLETED FOR VOTE OF MEMBERS</i></b></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>
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\*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**

## Filer Contact Cover Letter

To: Department of the Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

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List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

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Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ \_\_\_\_\_

**Contact Information – questions regarding the above filing(s), please call or email:** (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

\_\_\_\_\_  
(Name of contact person) \_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

\_\_\_\_\_  
(Name of attested recipient)

\_\_\_\_\_  
(Firm or Company)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State & Zip)