

Filing Fee \$150.00

LIMITED LIABILITY COMPANY

STATE OF MAINE

**APPLICATION FOR
CERTIFICATE OF REVIVAL**
(Maine Entities Only)

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <p>_____ Deputy Secretary of State</p>
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Pursuant to [31 MRSA §1604](#), the undersigned executes and delivers the following Application for Certificate of Revival:

FIRST: The name of the limited liability company prior to revival: _____

SECOND: The name of the limited liability company following revival (if different): _____

THIRD: The formation date of the limited liability company: _____

FOURTH: The date of dissolution of the limited liability company (if known): _____

FIFTH: The name and address of the registered agent of the limited liability company prior to revival. (If no agent, the required information pursuant to [5 MRSA, Chapter 6-A](#) must accompany this application. ([MLLC-3-CRA](#) or [MLLC-3-NCRA](#)- fee required)

(name of registered agent)

(street, city, state and zip code)

SIXTH: The purpose or purposes for which this revival is requested:

SEVENTH: Time period needed to complete the purpose(s) specified in item sixth: _____

EIGHTH: The name(s) and address(s) of party or parties requesting this 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)

***Authorized Person**

DATED _____

(signature authorized person)

(type or print name)

*Pursuant to [31 MRSA §1676.1B](#), this certificate **MUST** be signed by a person authorized by the limited liability company.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

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

Submit completed form to: **Secretary of State**
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: **(207) 624-7752** Email Inquiries: CEC.Corporations@Maine.gov

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

Optional special handling request(s): (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business 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 (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ _____

(Name of contact person)

(Daytime telephone number)

(Contact email address for this filing)

(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

(Name 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