

STATE OF MAINE
APPLICATION FOR
CERTIFICATE OF REVIVAL

(Domestic Entities Only)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

FIRST: Name of entity applying for revival is:

SECOND: Original date of filing with Secretary of States Office: _____

THIRD: Type of entity applying for revival is: ("X" only one box)

- | | | | | | |
|-----------|--------------------------|---|-----------|--------------------------|--|
| A. | <input type="checkbox"/> | Domestic Nonprofit Corporation 13-B MRSA §1117 | B. | <input type="checkbox"/> | Domestic Business Corporation 13-C MRSA §1425 |
| C. | <input type="checkbox"/> | Domestic Limited Liability Company 31 MRSA §1604 | D. | <input type="checkbox"/> | Domestic Limited Partnership 31 MRSA §1401-A |

FOURTH: The name and registered office address of the clerk/registered agent appearing on the records in the Secretary of State's office at the time of dissolution:

(name of clerk/registered agent)

(street, city, state and zip code)

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

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

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
6 E. Chestnut Street, 5th Floor
Augusta, ME 04330