

Filing Fee \$100.00

DOMESTIC
BUSINESS CORPORATION

STATE OF MAINE

CERTIFICATE OF RESUMPTION

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [13-C MRSA §1621.5](#), the undersigned corporation executes and delivers the following Certificate of Resumption.

FIRST: ("X" one box only.)

A meeting was duly called and held at which a majority of shareholders voted to resume transacting business. This meeting was held on (date) _____
at (location) _____.

The vote to resume transacting business was duly authorized by written consent of the shareholders.

SECOND: After filing this certificate, the corporation is required to file annual reports beginning with the next reporting deadline following resumption.

THIRD: The effective date of the certificate of resumption (if other than the date of filing of the certificate of resumption):
_____.

DATED _____

*By _____
(signature of any duly authorized person)

(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.

**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):

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.

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)