

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

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\*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](mailto:CEC.Corporations@Maine.gov)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**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: \$ \_\_\_\_\_

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(Name of contact person)

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(Daytime telephone number)

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(Contact email address for this filing)

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(Email address to use for annual report reminders)

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

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(Name of attested copy recipient)

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(Firm or Company)

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(Mailing Address)

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(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](mailto: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