

Filing Fee \$25.00

**DOMESTIC
NONPROFIT 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-B MRSA §1301.6](#), the undersigned corporation executes and delivers for filing this Certificate of Resumption: **After filing this certificate, the corporation is required to file annual reports beginning with the next reporting deadline following resumption.**

FIRST: This certificate was adopted by a majority of the ("X" one box only) members directors on
(date) _____ at (location) _____

("X" one box only) at a meeting legally called and held by unanimous written consent

SECOND: It is hereby certified that a majority of the ("X" one box only) members directors have voted to resume carrying on activities.

THIRD: The address of the registered office of the corporation in the State of Maine is _____

(street, city, state and zip code)

FOURTH: ("X" one box only) public benefit corporation mutual benefit corporation

DATED _____

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

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

*This document **MUST** be signed by any authorized officer ([13-B MRSA §104.1.B](#))

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)