

Business Entity Filing Fee \$150.00
Nonprofit Corporation Filing Fee \$25.00

STATE OF MAINE
APPLICATION FOR
CERTIFICATE OF REVIVAL

(Domestic 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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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

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)