



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

CERTIFICATE OF REVOCATION OF DISSOLUTION NONSTOCK CORPORATION

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: ADDRESS: CITY: STATE: _____ ZIP: _____		FILING FEE: \$20 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF CORPORATION:		
2. EFFECTIVE DATE OF DISSOLUTION THAT WAS REVOKED:		
3. DATE THE REVOCATION OF DISSOLUTION WAS AUTHORIZED:		
4. CHECK A, B, C OR D: <input type="checkbox"/> A. THE CORPORATION'S BOARD OF DIRECTORS REVOKED THE DISSOLUTION. <input type="checkbox"/> B. THE CORPORATION'S INCORPORATORS REVOKED THE DISSOLUTION. <input type="checkbox"/> C. THE CORPORATION'S BOARD OF DIRECTORS REVOKED A DISSOLUTION WHICH WAS AUTHORIZED BY ITS MEMBERS. SUCH AUTHORIZATION PERMITTED DIRECTOR REVOCATION WITHOUT MEMBER APPROVAL. <input type="checkbox"/> D. THE PROPOSAL TO REVOKE THE DISSOLUTION WAS DULY APPROVED BY THE MEMBERS IN THE MANNER REQUIRED BY SECTION 33-1000 TO 33-1290, INCLUSIVE, OF THE CONNECTICUT GENERAL STATUTES AND BY THE CERTIFICATE OF INCORPORATION.		
5. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)		
DATED THIS _____ DAY _____, 20 _____		
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

NOTE: A corporation may only revoke its dissolution within 120 days of the effective date of such dissolution.

CERTIFICATE OF REVOCATION OF DISSOLUTION NONSTOCK CORPORATION

A nonstock corporation may revoke its dissolution only within 120 days of the effective date of such dissolution. Revocation may be authorized in the same manner as the dissolution. Please consult the Connecticut Revised Nonstock Corporation Act to determine which method is appropriate. Any questions concerning the completion of this form or the revocation process in general should be directed to the Corporation's own legal counsel.

Following the appropriate corporate action to authorize revocation, a Certificate of Revocation must be filed in this office.

INSTRUCTIONS

1. **NAME OF CORPORATION:** Please provide the complete name of the corporation as it currently appears on the records of the Secretary of the State.
2. **EFFECTIVE DATE OF DISSOLUTION THAT IS REVOKED:** Please provide the month, day and year on which the corporation's dissolution was effective.
3. **DATE DISSOLUTION WAS AUTHORIZED:** Please provide the month, day and year on which the directors/members authorized the dissolution of the corporation.
4. **COMPLETE APPROPRIATE BLOCK - (A), (B), (C) or (D)**
 - (A) Place a check mark in block (A) if revocation of the dissolution was authorized by the corporation's directors.
 - (B) Place a mark in block (B) if revocation of the dissolution was authorized by the corporation's incorporators.
 - (C) If the corporation's directors revoked the dissolution, authorized by members, check block (C).
 - (D) If the members voted to revoke the dissolution check block (D).
5. **EXECUTION:** The document must be executed by an authorized official of the corporation. That person must print or type their name, state the capacity under which they sign and provide a signature. The execution constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

OFFICE OF THE SECRETARY OF THE STATE

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