

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 §608-F | 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