



**Wyoming Secretary of State**  
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For Office Use Only

## Nonprofit Corporation Articles of Revocation of Dissolution

1. Corporation name:
  
2. Effective date of the dissolution:  
*(Date – mm/dd/yyyy)*
  
3. Date that the revocation of dissolution was authorized:  
*(Date – mm/dd/yyyy)*
  
4. If the corporation’s board of directors or incorporators revoked the dissolution, a statement to that effect:
  
5. If the corporation’s board of directors revoked a dissolution authorized by the members alone or in conjunction with another person or persons, a statement that revocation was permitted by action by the board of directors alone pursuant to that authorization:
  
6. If member or third person action was required to revoke the dissolution, the information required by W.S. 17-19-1404(a) (v) and (vi):

**Signature:** \_\_\_\_\_  
*(May be executed by Chairman of Board, President or another of its officers.)*

**Date:** \_\_\_\_\_  
*(mm/dd/yyyy)*

Print Name:

Contact Person:

Title:

Daytime Phone Number:

Email:

*(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)*

Checklist

**Filing Fee: \$25.00** Make check or money order payable to Wyoming Secretary of State.  
**Processing time is up to 15 business days** following the date of receipt in our office.  
 An entity may be eligible for revocation of dissolution if received within 120 days of the date of dissolution.  
 A copy of the Articles of Dissolution shall accompany this document.  
 Please mail with payment to the address at the top of this form. **This form cannot be accepted via email.**  
 Please review the form prior to submission. **The Secretary of State’s Office is unable to process incomplete forms.**