



Wyoming Secretary of State
 Herschler Building East, Suite 101
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 Cheyenne, WY 82002-0020
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For Office Use Only

Profit 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. **Approval of the Revocation of Dissolution:** *(Check only one.)*

The corporation’s board of directors or incorporators revoked the dissolution.

OR

The corporation’s board of directors revoked the dissolution authorized by the shareholders. The revocation was permitted by action by the board of directors alone pursuant to that authorization.

OR

The proposal to revoke the dissolution was duly approved by the shareholders in the manner required by this act and by the articles of incorporation.

Signature: _____ **Date:** _____
(May be executed by the Chairman of the Board, President or another of its officers.) *(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: \$60.00 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.
 A corporation may be eligible for revocation of dissolution if received within 120 days of the date of dissolution.
 The document must be accompanied by a copy of the filed Articles of Dissolution.
 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.**