



Wyoming Secretary of State
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For Office Use Only

Profit Corporation Articles of Revocation of Dissolution

1. Corporation name:

2. Effective date of the dissolution that was revoked:
(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 shareholders, a statement that revocation was permitted by action by the board of directors alone pursuant to that authorization:

6. If shareholder action was required to revoke the dissolution the number of votes entitled to be cast on the proposal to revoke the dissolution was:

7. a. The total number of votes cast for the revocation of dissolution was and the total number of votes cast against the revocation of dissolution was:

OR

- b. The total number of undisputed votes cast for the revocation of dissolution was:
 The number of votes cast for the revocation of dissolution was sufficient for approval.

Date: _____ **Signature:** _____
(mm/dd/yyyy)

Print Name:

Title:

Contact Person: _____ Email: _____

Daytime Phone Number:

Checklist

Filing Fee: \$50.00 Make check or money order payable to Wyoming Secretary of State.
 The document must be accompanied by a copy of the Articles of Dissolution.
 The document may be executed by the Chairman of the Board, President or another of its officers.
 Please submit one **originally signed** document and one exact photocopy of the filing.
Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.