



Wyoming Secretary of State

State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: Business@wyo.gov

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):

Date:
(mm/dd/yyyy)

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

Print Name:

Title:

Contact Person:

Daytime Phone Number:

Email:

Checklist

Filing Fee: \$10.00 Make check or money order payable to Wyoming Secretary of State.
A copy of the Articles of Dissolution shall accompany this document.
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.