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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:

*(Email provided will receive annual report reminders and filing evidence)
 May list multiple email addresses

Checklist

Filing Fee: \$10.00 Make check or money order payable to Wyoming Secretary of State.
 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 submit one **originally signed** document.
Typical processing time is 3-5 business days following the date of receipt in our office.
 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.