

**ARTICLES OF REVOCATION
OF DISSOLUTION**

General Not For Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., 350
Springfield, IL 62756
Telephone (217) 782-6961
www.cyberdriveillinois.com

Remit payment in the form of a
check or money order payable
to the Secretary of State.

_____ File # _____ **Filing Fee: \$ 5** Approved: _____

-----Submit in duplicate -----Type or Print clearly in black ink-----Do not write above this line-----

1. The name of the corporation _____

2. The Certificate of Dissolution was issued on _____, _____
Month Day Year

3. The corporation has not begun to distribute its assets and has not commenced a proceeding for court supervision of its winding-up.

4. A resolution revoking the dissolution was adopted on _____, _____
Month Day Year

By a majority of the board of directors.

NOTE: The date in this item must be within sixty (60) days of the date in item 2.

5.(a) The undersigned corporation has caused these articles to be signed by a duly authorized officer* who affirms, under penalties of perjury, that the facts stated herein are true. **(All signatures must be in Black Ink.)**

Dated _____, _____
Month Day Year (Exact name of corporation)

(Any Authorized Officer's Signature)

(Type or print name and title)

* If the revocation of dissolution is authorized by the board of directors, a majority of them must **SIGN HERE**, and type or print their names if there are no officers.

5.(b) The undersigned affirm(s), under penalties of perjury that the facts stated herein are true.

Dated _____, _____
Month Day Year

NOTE: These articles are accompanied by all delinquent annual reports, filing fees and penalties required.