



**Wyoming Secretary of State**

State Capitol Building, Room 110  
200 West 24<sup>th</sup> 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:

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.**