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For Office Use Only

Profit 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. **Approval of the Revocation of Dissolution:** *(Check only one.)*

The corporation’s board of directors or incorporators revoked the dissolution.

OR

The corporation’s board of directors revoked the dissolution authorized by the shareholders. The revocation was permitted by action by the board of directors alone pursuant to that authorization.

OR

The proposal to revoke the dissolution was duly approved by the shareholders in the manner required by this act and by the articles of incorporation.

Signature: _____
(May be executed by the Chairman of the 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: \$50.00 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.
 The document must be accompanied by a copy of the Articles of Dissolution.
 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.