



Secretary of the State of Connecticut

Phone: [860-509-6003](tel:860-509-6003) • Website: business.ct.gov • Email: bsd@ct.gov

CERTIFICATE OF REVOCATION OF DISSOLUTION - [Accessible Version Available](#) STOCK CORPORATION - *USE INK. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.*

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: ADDRESS: CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER:		FILING FEE: \$50 MAKE CHECKS PAYABLE TO "SECRETARY OF STATE"
NOTE: A CORPORATION MAY ONLY REVOKE ITS DISSOLUTION WITHIN 120 DAYS FOLLOWING THE EFFECTIVE DATE OF SUCH DISSOLUTION.		
1. NAME OF CORPORATION		
2. DATE OF DISSOLUTION THAT IS REVOKED:		
3. DATE ON WHICH REVOCATION OF DISSOLUTION WAS AUTHORIZED		
4. PLACE A CHECK MARK NEXT TO EITHER 1, 2, 3 OR 4 AS APPROPRIATE: <input type="checkbox"/> 1. THE CORPORATION'S BOARD OF DIRECTORS REVOKED THE DISSOLUTION. <input type="checkbox"/> 2. THE CORPORATION'S INCORPORATORS REVOKED THE DISSOLUTION. <input type="checkbox"/> 3. THE CORPORATION'S BOARD OF DIRECTORS REVOKED A DISSOLUTION AUTHORIZED BY ITS SHAREHOLDERS. SUCH AUTHORIZATION PERMITTED DIRECTOR REVOCATION WITHOUT SHAREHOLDER APPROVAL. <input type="checkbox"/> 4. THE PROPOSAL TO REVOKE THE DISSOLUTION WAS DULY APPROVED BY THE SHAREHOLDERS IN THE MANNER REQUIRED BY SECTIONS 33-600 TO 33-998 OF CONNECTICUT GENERAL STATUTES AND BY THE CERTIFICATE OF INCORPORATION.		
5. EXECUTION: DATED THIS _____ DAY OF _____, 20____		
NAME OF SIGNATORY (type or print)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

REVOCATION OF DISSOLUTION STOCK CORPORATION

A stock corporation may revoke its dissolution only within 120 days of the effective date of such dissolution. Revocation may be authorized in the same manner as the dissolution. Please consult the Connecticut Business Corporation Act to determine which method of authorization is appropriate. **Any questions concerning the completion of this form or the revocation process in general should be directed to the Corporation's own legal counsel.**

Following the appropriate corporate action to authorize revocation, a Certificate of Revocation must be filed in Business Services Division.

INSTRUCTIONS

1. NAME OF CORPORATION: Please provide the complete name of the corporation as it currently appears on the records of the Secretary of the State.
2. EFFECTIVE DATE OF DISSOLUTION THAT IS REVOKED: Please provide the month, day and year on which the corporation's dissolution was effective.
3. DATE DISSOLUTION WAS AUTHORIZED: Please provide the month, day and year on which the directors/shareholders authorized the dissolution of the corporation.
4. CHECK APPROPRIATE BLOCK:
 - (A) Place a check mark next to 1, 2 or 3 if revocation of the dissolution was authorized by the corporation's directors or incorporators.
 - (B) Place a check mark next to 4 if shareholder approval was required to revoke the dissolution.
5. EXECUTION: The document must be executed by an authorized official of the corporation. That person must print or type their name, state the capacity under which they sign and provide a signature. **The execution constitutes a legal statement under the penalties of false statement that the information provided in the document is true.**

Make checks payable to "The Secretary of the State."

OFFICE OF THE SECRETARY OF THE STATE

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Connecticut Secretary of the State
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Hartford, CT 06115-0470

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Connecticut Secretary of the State
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