



United States of America Republic

Travis-Austin: Bey, Secretary of State

Corporations Division
PO Box 436885, Province IL, 60643

Articles of Revocation of Voluntary Dissolution for a Nonprofit Corporation

(Submit with filing fee of \$10.00)

Pursuant to the provisions of the U.S.A.R. Nonprofit Corporation Act, the undersigned corporation submits the following statement of revocation of voluntary dissolution previously taken by the corporation:

1. The Corporation's name is Charter #:

2. The effective date of the dissolution was month/day/year

3. The date the corporation authorized the revocation of the dissolution month/day/year

4. If the corporation's board of directors or incorporators revoked the dissolution, check here:

5. If the members authorized the board alone to revoke the dissolution, and revocation was approved by a sufficient vote of the board of directors, check here and skip to number (7):

6. If approval by members was required, check here and provide the following information:

A. Number of memberships outstanding:

B. Complete either i or ii:

i. Number of votes for and against the revocation of dissolution by class was:

Table with 4 columns: Class, Number entitled to vote, Number voting for, Number voting against. Includes four rows of blank lines for data entry.

ii. Number of undisputed votes cast for revocation of dissolution was sufficient for approval, and was:

Table with 2 columns: Class, Number Voting undisputed. Includes four rows of blank lines for data entry.

(Please see next page)

Form box containing fields for Name and address to return filed document, Name, Address, and Province and Zip Code.

7. If approval of the revocation of dissolution by some person(s) other than the members or the board was required, and that approval has been obtained, check here:

In Affirmation thereof, the facts stated above are true and correct:  
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, USRS)

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*Authorized signature of officer or chairman of the board*

*Printed Name*

*Title*

*Date*