

**Delaware Division of Corporations
401 Federal Street – Suite 4
Dover, DE 19901
Ph: 302-739-3073**

**Certificate of Revocation
of Voluntary Dissolution**

Dear Sir or Madam:

Attached please find a form for a Certificate of Revocation of Voluntary Dissolution to be filed in accordance with Section 311 of the General Corporation Law of the State of Delaware. The fee to file the Certificate is \$189.00. If the document is more than 1 page, please include \$9.00 for each additional page. You will receive a stamped “Filed” copy of the submitted document. A certified copy may be requested for an additional \$50. Expedited services are available. Please contact our office concerning these fees or you may consult our fee chart at corp.delaware.gov.

Before the Certificate can be filed, all taxes due to the State of Delaware during the time between the filing of the Voluntary Dissolution and the filing of the Revocation must be paid and all applicable Annual Franchise Tax Reports must be filed. Please contact the Franchise Tax Section prior to submitting the document for filing to determine the Franchise Taxes and Annual Reports due. Checks should be made payable to “Delaware Secretary of State”.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type the name of the person signing under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don’t hesitate to call us at (302) 739-3073.

Sincerely,

Department of State
Division of Corporations

Special Instructions – Revocation of Voluntary Dissolution

This form is to be used as a Template only. The following instructions will help you in correctly completing your Revocation Certificate. The instructions will be numbered to correspond with the article it is referencing.

- 1. The name of the corporation exactly as it appears in our records when the Voluntary Dissolution was filed. Please visit our website to verify the name and to ensure that the name is still available for your use.*
- 2. List the name and street address of the registered agent located in Delaware you are appointing to accept service of process for the corporation.*
- 3. List the date the Dissolution was filed with the Division of Corporations.*
- 4. List the names, titles and addresses of all officers and directors of the corporation. Please list complete addresses which include street, number, city and zip code.*
- 5. The corporation must indicate which method of approval for the revocation of the dissolution applies by checking either 5A or 5B.*

Execution Block - *The document must be signed by an authorized officer of the corporation pursuant to Section 103 of Title 8. The name of the person must be typed or written legibly underneath the signature.*

This form contains the basic information required by statute; if you need to add additional information permitted by statute you may draft a new document. Please feel free to call our office at 302-739-3073 for assistance in completing this form or visit our website at corp.delaware.gov.

Sincerely,

Delaware Division of Corporations

**STATE OF DELAWARE
CERTIFICATE OF REVOCATION OF
VOLUNTARY DISSOLUTION**

The corporation organized and existing under the General Corporation Law of the State of Delaware, hereby certifies as follows:

1. The name of the corporation is _____
_____.

2. The Registered Office of the corporation in the State of Delaware is located at _____ (street),
in the City of _____, County of _____
Zip Code _____. The name of the Registered Agent at such address upon
whom process against this Corporation may be served is _____
_____.

3. The Certificate of Dissolution was filed in the office of the Secretary of State of Delaware on the _____ day of _____ A.D. _____.

4. The names and addresses of the directors and officers of the corporation are as follows:

NAME	TITLE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please indicate which of the following applies by checking either 5a or 5b)

5A. That the holders of at least a majority of the stock of the corporation outstanding and entitled to vote on the dissolution have voted in favor of a resolution to revoke the dissolution.

5B. That, in lieu of a meeting and vote of stockholders, the stockholders have given their written consent to the revocation in accordance with Section 228 of the General Corporation Law of the State of Delaware.

By: _____
Authorized Officer

Name: _____
Print or Type