



Arkansas Secretary of State

Mark Martin

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REVOCATION OF DISSOLUTION

(Please type or print)

This may only be used if within 120 days of Dissolution

The undersigned, pursuant to the Act 958 of 1987 and Arkansas Code Annotated § 4-27-1404, sets forth the following:

1. Corporate Name: _____

2. Effective Date of the Dissolution _____

3. Date the Revocation of Dissolution was authorized _____

(The Revocation of Dissolution must be within one hundred twenty (120) days of the Dissolution.)

4. A. The Board of Directors or Incorporators revoked the dissolution.

or

4. B. The Board of Directors revoked the dissolution authorized by the shareholders. Such revocation was permitted by action of the board of directors alone pursuant to that authorization.

or

4. C. The shareholders revoked the dissolution: _____

if so,

i. Total number of votes entitled to be cast on the proposal to revoke the dissolution: _____

ii. Total number of votes entitled to be cast FOR the revocation of dissolution: _____

Total number of votes entitled to be cast AGAINST the revocation of dissolution: _____

or

Total number of undisputed votes cast for the revocation of dissolution: _____

5. The number of votes cast for the Revocation of Dissolution was sufficient for approval. Yes No

(If voting by voting groups was required, the information in (4.C) must be provided for each group. Attach a separate sheet if necessary).

Dated this _____ day of _____, _____.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Authorizing Officer and Title (Type or Print)

Authorized Signature