

Filing Fee \$150.00

LIMITED LIABILITY COMPANY

STATE OF MAINE

**APPLICATION FOR
CERTIFICATE OF REVIVAL**
(Maine Entities Only)

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <p>_____ Deputy Secretary of State</p>
--

Pursuant to [31 MRSA §1604](#), the undersigned executes and delivers the following Application for Certificate of Revival:

FIRST: The name of the limited liability company prior to revival: _____

SECOND: The name of the limited liability company following revival (if different): _____

THIRD: The formation date of the limited liability company: _____

FOURTH: The date of dissolution of the limited liability company (if known): _____

FIFTH: The name and address of the registered agent of the limited liability company prior to revival. (If no agent, the required information pursuant to [5 MRSA, Chapter 6-A](#) must accompany this application. ([MLLC-3-CRA](#) or [MLLC-3-NCRA](#)- fee required)

(name of registered agent)

(street, city, state and zip code)

SIXTH: The purpose or purposes for which this revival is requested:

SEVENTH: Time period needed to complete the purpose(s) specified in item sixth: _____

EIGHTH: The name(s) and address(s) of party or parties requesting this revival:

_____	_____
(type or print name)	(street address)
_____	_____
	(city, state and zip code)
_____	_____
(type or print name)	(street address)
_____	_____
	(city, state and zip code)
_____	_____
(type or print name)	(street address)
_____	_____
	(city, state and zip code)

***Authorized Person**

DATED _____

(signature authorized person)

(type or print name)

*Pursuant to [31 MRSA §1676.1B](#), this certificate **MUST** be signed by a person authorized by the limited liability company.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: **Secretary of State**
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: **(207) 624-7752** Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) _____
(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)