

Please  
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**RD**

**KANSAS SECRETARY OF STATE  
Certificate of Revocation of  
Dissolution of Kansas Corporation**

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

**GENERAL FILING  
INSTRUCTIONS**

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this form is <b>\$35</b> for a for-profit corporation and <b>\$20</b> for a not-for-profit corporation.
<input type="checkbox"/> <b>Payment</b>	<p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. <b>Please do not send cash.</b></p> <p><b>NOTICE: There is a \$25 service fee for all checks returned by your financial institution.</b></p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p><b>Credit card number</b> _____</p> <p><b>Billing zip code</b> _____ <b>Expiration date</b> _____</p>
<input type="checkbox"/> <b>Daytime phone</b>	_____
<input type="checkbox"/> <b>Fax filing available</b>	<p>Documents may be fax filed for a processing fee of <b>\$20 in addition</b> to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to <b>Business Services, 785-296-4570</b>. Faxed documents that are without errors and received prior to 4:00 p.m. CT will receive that day's file date. Faxed documents received after 4:00 pm CT cannot be guaranteed to receive that day's filing date.</p> <p>Filed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day return faxing.</p>
<input type="checkbox"/> <b>No duplicate copies</b>	Please do not send duplicate copies of your document. The original is processed, and returned to you by mail.
<input type="checkbox"/> <b>No email</b>	We cannot accept any filings by email, except for the MA mailing address change form.
<input type="checkbox"/> <b>No filing by phone</b>	No documents or reports can be filed with our office by phone.
<input type="checkbox"/> <b>Public information</b>	All documents filed with our office are available to the public and may be viewed online at <a href="http://www.sos.ks.gov">www.sos.ks.gov</a> without cost. Please consider this when providing information on our forms. Instructions and payment information are not public information and are shredded after use.

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**RD**  
**53-19**  
**53-35**

**KANSAS SECRETARY OF STATE**  
**Certificate of Revocation of**  
**Dissolution of Kansas Corporation**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

**Return file-stamped document to (name and address):**

**This revocation of dissolution must be filed prior to the expiration of three years following the dissolution pursuant to K.S.A. 17-6804, or prior to the expiration of time directed by court pursuant to K.S.A. 17-6807.**

**1. Business entity ID number:**

Not the Federal Employer ID Number (FEIN).

[Empty field for Business entity ID number]

**2. Name of corporation:**

(17-7001(a)(4)(A))

Must match name on record with the Secretary of State.

[Empty field for Name of corporation]

**3. Name of resident agent and address of registered office in Kansas:**

(17-7001(a)(4)(B))

Must be a Kansas street address. A P.O. box is unacceptable.

Name			
Street Address			
City	State	Zip	
	<b>KS</b>		

**4. Name and mailing address of each officer:**

(17-7001(a)(4)(C))

Do not leave blank.

If additional space is needed, please provide attachment.

Name	Mailing Address		
City	State	Zip	Country
Name	Mailing Address		
City	State	Zip	Country
Name	Mailing Address		
City	State	Zip	Country

**5. Name and mailing address of the board of directors:**

(17-7001(a)(4)(D))

Do not leave blank.

If additional space is needed, please provide attachment.

Name		Mailing Address		
City		State	Zip	Country
Name		Mailing Address		
City		State	Zip	Country
Name		Mailing Address		
City		State	Zip	Country

**6. A majority of the stock of the corporation which was outstanding and entitled to vote upon a dissolution at the time of its dissolution have voted in favor of a resolution to revoke the dissolution, or that, if applicable, in lieu of a meeting and vote of stockholders, the stockholders have given their written consent to the revocation in accordance with K.S.A. 17-6518, and amendments thereto.** (17-7001(a)(4)(E))

<b>7. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.</b> (17-7909)	
Signature of Authorized Officer (17-7001(a)(4))	Name of Signer (printed or typed)
X	