



INSTRUCTIONS: ARTICLES OF REVOCATION OF DISSOLUTION OF A NONPROFIT CORPORATION RCW 24.03A

Purpose: Revocation of Dissolution can be used within 120 days of a voluntary dissolution to reverse the dissolution status. Additional documents may be required depending on the status and/or expiration date of the business entity at the time the business was voluntarily dissolved.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available by contacting our office, to ensure you have the most recent version of the form.

Mail: Send the completed form and payment to the address listed above. **The post mark date is not the received date.**

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: The filing fee the Articles of Revocation is \$20.00

Expedited Service: If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

ATTENTION: In order to file Articles of Revocation, the business must meet the following criteria:

- 1) Be a Washington Nonprofit Corporation; and
- 2) Have filed a VOLUNTARY dissolution within 120 days of submitting this form; and
- 3) Attach a copy of the Articles of Dissolution filed with the Washington Office of the Secretary of State;

The business entity may need to submit a Reinstatement or an Annual Report in addition to this form if required by the status and/or expiration date at the time the Articles of Dissolution was filed. Contact our office for details. Once filed, the Articles of Dissolution and Articles of Revocation will remain in the business's filing history.

(1) Unified Business Identifier (UBI): Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

(2) Name of Nonprofit Corporation: Provide the name as recorded with the Office of the Secretary of State of Washington. The Name and UBI Number of the business **must** match our records to be accepted.

(3) Effective Date of the Dissolution: Provide the effective date from the Articles of Dissolution that were previously filed with the Office of the Secretary of State of Washington. This submission **must** be within 120 days of the effective date of the filed Articles of Dissolution. This date will appear in the "filed" stamp on the Articles of Dissolution.

(4) Date that the Revocation was authorized: Provide the date the revocation was authorized.

(5) Revocation of Dissolution Approval: By the authorized person signing the business attests that the statements in this section are true and correct.

(6) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent's address.

(7) Authorized Person: Sign, print, provide the signer's title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



WASHINGTON
Secretary of State

Corporations & Charities Division

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

THIS BOX FOR OFFICE USE ONLY

Filing Fee \$20

To Expedite Filing, Add \$100

ARTICLES OF REVOCATION OF DISSOLUTION

Nonprofit Corporation

Nonprofit Professional Service Corporation

[RCW 24.03A.912](#)

A COPY OF THE ARTICLES OF DISSOLUTION FILED WITH THE SECRETARY OF STATE MUST BE ATTACHED

All fields are **REQUIRED** unless otherwise specified

(1) UBI No.: _____

(2) NAME OF NONPROFIT CORPORATION: (as currently recorded with the Office of the Secretary of State)

(3) EFFECTIVE DATE OF THE DISSOLUTION: Date must be within 120 days of the filing date of the Articles of Revocation
Date: _____

(4) DATE THAT THE REVOCATION WAS AUTHORIZED: _____

(5) REVOCATION OF DISSOLUTION APPROVAL:

By the authorized person signing the business attests that the below statement is true and correct.

- The Revocation of Dissolution was approved in the manner required by this chapter and by the articles and bylaws of the Nonprofit Corporation.

(6) RETURN ADDRESS FOR THIS FILING: *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

7) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person **Printed Name/Title** **Date**