

**RD**  
53-19

KANSAS SECRETARY OF STATE  
**Certificate of Revocation  
of Dissolution**  
Instructions

**Kansas Office of the Secretary of State:**

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

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

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this form is <b>\$35</b> .
<input type="checkbox"/> <b>Payment</b>	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.</b>
<input type="checkbox"/> <b>Filing</b>	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.

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

Stay up-to date and save time and money by filing your forms online at [www.sos.ks.gov](http://www.sos.ks.gov).

THIS SPACE FOR OFFICE USE ONLY.

**1. Business entity ID number**

Not the Federal Employer ID Number (FEIN).

--

**2. Name of corporation**

Must match name on record with the Secretary of State.

--

**3. Name and mailing address of each officer**

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

**4. Name and mailing address of the board of directors**

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. A majority of the stock of the corporation that 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.

6. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.

Signature of Authorized Officer

Month

Day

Year

X

Name of Signer (printed or typed)