

6. I declare under penalty of perjury under 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

Date (month, day, year)

Name of signer (printed or typed)

i **Instructions:**

- 1. 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.
- 2. Submit this form with the \$35 filing fee.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.KSSOS.ORG. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*