



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division



335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727

ARTICLES OF REVOCATION OF DISSOLUTION, NONPROFIT CORPORATION

(Section 414D-244, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officer of the corporation submitting this Statement, certifies as follows:

1. The name of the corporation is:

2. Attached is a copy of the Articles of Dissolution.

The dissolution was effective on: _____
(Month Day Year)

3. The revocation of dissolution was authorized on _____
(Month Day Year)

(Check one)

at a meeting of the **members**.

Designation (class) Of membership	Total Number of Memberships (votes) outstanding	Total Number of Votes Entitled to be Cast By each Class	Number of Votes Cast by each class For Revocation	Number of Votes Cast by each class Against Revocation

(Approval must be by two-thirds of the votes cast or a majority of the voting power, whichever is less)

OR

by written consent of the **members** holding at least eighty per cent of the voting power.

OR

by a sufficient vote of the **Board of Directors** because member approval was not required.

4. Check one:

The written approval of a specified person or persons named in the articles of incorporation was obtained.

The written approval of a specified person or persons is not required.

The undersigned certifies under the penalties of Section 414D-12, Hawaii Revised Statutes, that the undersigned has read the above statements, I/we are authorized to make this change, and that the statements are true and correct.

Signed this _____ day of _____, _____

(Type/Print Name & Title)

(Signature of Officer)

SEE INSTRUCTIONS ON REVERSE SIDE. The articles must be signed by at least one officer of the corporation.

Instructions: Articles of Revocation of Dissolution must be typewritten or printed in **black ink**, and must be **legible**. The articles must be signed by at least one officer of the corporation. All signatures must be in **black ink**. Submit original articles together with the appropriate fee.

When the revocation of dissolution is effective, it relates back to and takes effect as of the effective date of the dissolution and the corporation resumes carrying on its activities as if dissolution had never occurred.

Line 1. State the full name of the corporation.

Line 2. Attach the file stamped copy of the Articles of Dissolution that was filed with the Department of Commerce and Consumer Affairs, and state the effective date of dissolution.

Line 3. Check whether the revocation of dissolution was approved by the **members** (at a meeting or by written consent) or by majority vote of the **Board of Directors**.

If the revocation was approved at a meeting of the **members**, approval must be by two-thirds of the votes cast or a majority of the voting power, whichever is less.

If the revocation was approved by the **Board of Directors** at a meeting, approval must be by the affirmative vote of a majority of directors at the meeting.

If the revocation was approved by the **Board of Directors** by written consent, consent must be unanimous.

Filing Fees: **Filing fee (\$10.00) is not refundable.** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the #
Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).

Fax: (808) 586-2733

Email Address: breg@dcca.hawaii.gov

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.

ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION 92F-11, HRS)