

Examiner

IDENTIFICATION

NO. \_\_\_\_\_

Filing Fee: \$40.00

# The Commonwealth of Massachusetts

**William Francis Galvin**

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

## APPLICATION FOR REVIVAL

(General Laws, Chapter 180, Section 10C)

1. Exact name of corporation is:
2. Name of applicant is:
3. Address of applicant is:
4. State fully the applicant's relationship to, or interest in, the corporation:
5. Date of dissolution or revocation of charter of the corporation is:
6. The corporation was dissolved or the charter was revoked under the provisions of General Laws, Chapter 180,  
Section \_\_\_\_\_.
7. Describe fully the circumstances leading to the dissolution or revocation:

P.C.

8. Describe fully the activities, if any, of the corporation since dissolution or revocation of the charter:

9. Does the applicant seek a limited or general revival? If limited, state fully the reason(s) therefore, and period of time (not exceeding one year) sought for the revival:

SIGNED UNDER THE PENALTIES OF PERJURY, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

\_\_\_\_\_, Signature of Applicant.

THE COMMONWEALTH OF MASSACHUSETTS

**APPLICATION FOR REVIVAL**  
**(General Laws, Chapter 180, Section 10C)**

I hereby approve the within Application for Revival and, the filing fee in the amount of \$ \_\_\_\_\_ having been paid, said application is deemed to have been filed with me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
The corporation revived as provided herein.

**WILLIAM FRANCIS GALVIN**

*Secretary of the Commonwealth*

**TO BE FILLED IN BY CORPORATION**

**Contact information:**

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Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Upon filing, a copy of this filing will be available at [www.sec.state.ma.us/cor](http://www.sec.state.ma.us/cor). If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.