



FORM **55**

**REVOCATION OF VOLUNTARY DISSOLUTION
STOCK OR NONSTOCK CORPORATION OR LIMITED LIABILITY COMPANY**
Sec. 180.1404, 181.1404 or 183.0906(2m) Wis. Stats.

A. _____
(Name of Corporation or Limited Liability Company)

B. Effective date of the dissolution: _____(date)

C. Date revocation of dissolution was authorized: _____(date)

D. **For business corporation or limited liability company** (Select and mark (X) item 1 or 2 following, whichever is appropriate)

1. The revocation of dissolution was authorized in the same manner as the dissolution.

OR

2. The revocation of dissolution was authorized by the board of directors under sec. 180.1404(2)(a) or (b) for the corporation or under sec. 183.0906(1m)(c) for the limited liability company.

OR

E. **For nonstock, including non-profit, corporation** (Select, mark (X) and complete item 1, 2 or 3 following, whichever is appropriate)

1. The revocation of dissolution was authorized by the corporation's board or the incorporators.

OR

2. The revocation of dissolution was permitted by action of the board, authorized by members alone or in conjunction with another person.

OR

3. The revocation of dissolution was authorized by an action of the members or 3rd person by the following vote: *(First set forth all the information required under "ENTITLED TO VOTE" and then report the number of "VOTES CAST" using either reporting option 1 or reporting option 2.)*

(CONTINUE AND COMPLETE ITEM 3 ON THE PAGE FOLLOWING)

3. Revocation of dissolution by an action of the members or a 3rd person (Continued)

ENTITLED TO VOTE

Membership Class	Number of Memberships Outstanding	Number of Votes Entitled to be Cast	Number of Votes Indisputably Voting on Revocation of Dissolution
_____	_____	_____	_____
_____	_____	_____	_____

VOTES CAST (Reporting option 1)

Membership Class	Number of Votes Cast		
	FOR revocation of dissolution	AGAINST revocation of dissolution	
_____	_____	_____	The number of votes cast for revocation of dissolution was sufficient for approval.
_____	_____	_____	The number of votes cast for revocation of dissolution was sufficient for approval.

VOTES CAST (Reporting option 2)

Membership Class	Number of Undisputed Votes Cast FOR revocation of dissolution	
_____	_____	The number of votes cast for revocation of dissolution was sufficient for approval.
_____	_____	The number of votes cast for revocation of dissolution was sufficient for approval.

Contingency Statement:

Written approval for revocation of dissolution of the corporation was obtained from the person whose approval is required by a provision of the articles of incorporation authorized under sec. 181.1030.

F. Executed on _____ (Date)	_____ (Signature)
Select and mark (X) below for the appropriate title of the person executing the document.	_____ (Printed name)
For a corporation : Title: <input type="checkbox"/> President OR <input type="checkbox"/> Secretary or other officer title _____	For a limited liability company : Title: <input type="checkbox"/> Member OR <input type="checkbox"/> Manager

This document was drafted by _____
(Name the individual who drafted the document)

REVOCATION OF VOLUNTARY
DISSOLUTION (Chs. 180, 181 & 183)

▲ Please provide an email or postal mailing address for the filed copy of the document.

Your **phone number** during the day: _____

INSTRUCTIONS (Ref. sec. 180.1404, 181.1404 and 183.0906(2m), Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the filing fee, payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit www.wdfi.org/contact_us/ for current physical address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

A. Indicate the name of the corporation or limited liability company that has been dissolved.

B. Indicate the effective date of the articles of dissolution that were filed. (*NOTE: Articles of revocation of dissolution must be received by the Department of Financial Institutions within 120 days of the effective date of the dissolution.*)

C. Indicate the date revocation of the dissolution was authorized.

D. **For business corporations organized under Ch. 180 or limited liability companies organized under Ch. 183, Wis. Stats.** Select and mark (X) the one statement that appropriately describes the manner in which revocation of dissolution was authorized.

E. **For nonstock, including non-profit, corporations organized under Ch. 181, Wis. Stats.** Select and mark (X) the one statement that appropriately describes the manner in which revocation of dissolution was authorized. If authorized by an action of the members or a 3rd person, complete the vote information required under item E 3.

F. Enter the date of execution of the document, and the name and title of the person signing the document. The document is to be signed by one of the following: For a corporation, an **officer** of the corporation or an incorporator if directors have not been selected, or the fiduciary if the corporation is in the hands of a **receiver, trustee or other court-appointed fiduciary**. A director is **not** empowered to sign. For a limited liability company, a **member or manager**.

If the document is executed in Wisconsin, sec. 182.01(3), Wis. Stats., provides that it shall not be filed unless the name of the drafter (either an individual or a governmental agency) is printed in a legible manner. If the document is not executed in Wisconsin, enter that remark.