



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov

## Certificate of Revival

(PURSUANT TO NRS CHAPTER 80)

Page 1

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

### Certificate of Revival for a Foreign Qualified Corporation (For Corporations Governed by NRS Chapter 80)

1. Name of corporation:

2. Registered Agent for service of process: (check only one box)

Commercial Registered Agent:   
 Name

Noncommercial Registered Agent  
 (name and address below)

Office or Position with Entity  
 (name and address below)

Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

<input style="width: 95%; border: none;" type="text"/>	<input style="width: 95%; border: none;" type="text"/>	NEVADA	<input style="width: 95%; border: none;" type="text"/>
Street Address	City		Zip Code

<input style="width: 95%; border: none;" type="text"/>	<input style="width: 95%; border: none;" type="text"/>	NEVADA	<input style="width: 95%; border: none;" type="text"/>
Mailing Address (if different from street address)	City		Zip Code

3. Date when revival of qualification to do business is to commence or be effective, which may be before the date of the certificate:

(month, day, year)

4. Indicate whether or not the revival is to be perpetual, and, if not perpetual, the time for which the revival is to continue. The qualification's existence shall be:

PERPETUAL or   
 (Time for which the revival is to continue)



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5. Names and addresses of **President, Secretary, Treasurer and Directors:** (additional pages may be attached as necessary)

Name of **President** or equivalent





Address

City

State

Zip Code

Name of **Secretary** or equivalent





Address

City

State

Zip Code

Name of **Treasurer** or equivalent





Address

City

State

Zip Code

Name of **Director**





Address

City

State

Zip Code

Name of **Director**





Address

City

State

Zip Code



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6. The undersigned declare that the corporation desires to revive its qualification to do business and is, or has been, organized and carrying on the business authorized by its existing or original qualification and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapter 80.

7. Check one:

The undersigned declare that they have obtained written consent of the stockholders of the corporation holding at least a majority of the voting power and that this consent was secured; furthermore, that they are the person(s) designated or appointed by the stockholders of the corporation to revive the qualification.

The undersigned declare that they are the person(s) who have been designated by a majority of the directors in office to sign this certificate and that no stock has been issued.

I declare under the penalty of perjury that the revival has been authorized by a court of competent jurisdiction or by the duly elected board of directors of the entity or if the entity has no board of directors, its equivalent of such board.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X**  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

**X**  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

**A REGISTERED AGENT ACCEPTANCE *MUST* ACCOMPANY THIS CERTIFICATE**

**IMPORTANT:** Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.