



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 82.546)
Page 1

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Revival for a Nevada Nonprofit Corporation
(For Nonprofit Corporations Governed by
NRS Chapters 81 (except 81.010) and 82)

1. Name of corporation:

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

Commercial Registered Agent:
Name

Noncommercial Registered Agent Office or Position with Entity
(name and address below) (name and address below)

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

NEVADA
 Street Address City Zip Code

NEVADA
 Mailing Address (if different from street address) City Zip Code

3. Date when revival of charter 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 corporation'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

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Address City State Zip Code

Name of **Secretary** or equivalent

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Address City State Zip Code

Name of **Treasurer** or equivalent

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Address City State Zip Code

Name of **Director**

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Address City State Zip Code

Name of **Director**

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Address City State Zip Code



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6. The undersigned declare that the corporation desires to revive its corporate charter and is, or has been, organized and carrying on the business authorized by its existing or original charter and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapters 81 and 82.

7. Signatures: This certificate must be executed by the **President** or **Vice President** **AND** **Secretary** or **Assistant Secretary**.

The undersigned declare that the execution and filing of this certificate has been approved unanimously by the last-appointed surviving directors of the corporation and the unanimous consent has been secured:

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.