ARTICLES OF REVOCATION OF A VOLUNTARY DISSOLUTION OF A WV CORPORATION
Form CD-8
Rev. 07/2026

West Virginia Secretary of State
Business & Licensing Division
Tel: (304)558-8000
Fax:(304)558-8381
Website: www.wvsos.gov

FILE ONE ORIGINAL
(Two if you want a filedstamped copy returned to you)
FEE: $15.00
Annual Report Fee May be Required

****** The officers or board of directors adopt and file the following Articles of Revocation of a **** Voluntary Dissolution according to the provisions of the WV Code §31D-14-1404.**

1. The **name of the corporation** is: _____

2. The **date the revocation of dissolution** was authorized: _____

3. The **mailing address** to which correspondence relating to this matter should be addressed is:

_____ _____
No. & Street City/State/Zip

4. Check the statement that confirms what basis the revocation of dissolution is based upon:

☐ The Corporation's board of directors or incorporators revoked the dissolution.

☐ The Corporation's board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.

☐ Shareholder action was required to revoke the dissolution and conformed to the provision as required by the provisions of the West Virginia Code.

5. **Name and phone number of contact person.** (This is optional, however, if there is a problem with the filing, listing a contact person and phone number may avoid having to return or reject the document.)

_____ _____
Contact Name Phone Number

☐ Attach Complete Annual Report

6. **Signature information** (See below ***Important Legal Notice Regarding Signature**):

Print Name of Signer: _____ Title/Capacity: _____

Signature: _____ **Date:** _____

***Important Legal Notice Regarding Signature:** Per **West Virginia Code §31D-1-129. Penalty for signing false document.** Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.

INSTRUCTIONS FOR FILING A REVOCATION OF A VOLUNTARY DISSOLUTION

If the decision to dissolve is reversed, the actions necessary to revoke the dissolution are very similar to the actions previously required for approval of dissolution.

Send one original application or if you would like a filed copy returned to you, send an additional copy of the original application to the Office of the Secretary of State.

The application needs to be signed by an officer of the corporation or by the chairman of the board of directors.

The **filing fee is $15** and the check should be made payable to the **WV Secretary of State**. If you are requesting a Certified Copy of the filing returned to you, include the additional payment of **$15 per Certified Copy requested**.

Registration fee:		**$15**
$15 per Certified Copy:	+	
Total Fee:	=	

*Make your checks payable to **West Virginia Secretary of State**.*

IF YOU NEED ADDITIONAL INFORMATION CONCERNING FILING FOR A REVOCATION OF A VOLUNTARY DISSOLUTION, PLEASE CONTACT OUR OFFICE AT 304-558-8000.

West Virginia Secretary of State Rev. 10/31/2022

Annual Report for filing year _____ **(enter the CURRENT calendar year) for Limited Liability Companies** (per WV Code 59-1-2a)

Important Note: This form is a public document. Please **DO NOT provide any personal identifiable information on this form** such as social security numbers, bank account numbers, credit card numbers, or driver's license

1. **Name of the Organization:** _____

2. **Incorporation or Qualification Date:** _____ **In which state:** _____

3. **County:** **County Code*:** _____ **Business Class Code*:** _____

*If you do not know the codes, you may leave the above sections blank.

4. **Principal Office Address:**
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____

5. **Principal Mailing Address:**
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____

6. **Designated Office Address**
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____

7. **Name and Mailing Address of person (agent) to whom notice of legal process may be sent, if any:**
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____

***If** new agent, furnish **new agent's signature**: _____

8. **Business E-mail Address** where business correspondence may be sent: _____

9. Website address of the business, if any (*ex: yourdomainname.com*): _____

10. Total number of employees: _____

11. Total Number of West Virginia Residents: _____

12. Is this a **minority owned business**? ☐ **Yes** ☐ **No** ☐ **Decline to answer**

13. Is this a **woman owned business**? ☐ **Yes** ☐ **No** ☐ **Decline to answer**

14. Do you **own or operate more than one business in West Virginia**? ☐ **Yes** * *Answer **a. and b.** below.* ☐ **No** ☐ **Decline to answer**

If "**Yes**"... a. How many businesses? _____ b. Located in how many West Virginia counties? _____

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15. **Veteran Employees and Veteran Owner Information**:

a. Does your organization **employ individuals who are United States Armed Forces veterans**? ☐ **Yes*** ☐ **No** ☐ **Decline to answer**

If "**Yes**," enter the total number of veterans it employs. _____

b. Is(Are) the **owner(s) of the organization a United States Armed Forces veteran(s)?** ☐ **Yes*** ☐ **No** ☐ **Decline to answer**

**** **IMPORTANT** **** In the following sections (items #15 OR #16), answer ONLY the item which applies to your entity type, either **MEMBER-MANAGED OR MANAGER-MANAGED**, NOT BOTH. If you are unsure which type the LLC is registered as, please contact the West Virginia Secretary of State's Office Business and Licensing Division for further assistance at 1-877-826-2954 or 304-558-8000 to determine its management structure

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16. **MEMBER Information:** Complete this section **ONLY** if you were set up as a **MEMBER-managed** company. List the name and address ofeach member having signature authority to sign filings (attach additional page if necessary):

Member Name	No. & Street Address	City	State	Zip Code

... OR ...

17. **MANAGER Information:** Complete this section **ONLY** if you were set up as a **MANAGER-managed** company. List the name and address of each manager having signature authority to sign filings (attach additional page if necessary):

Member Name	No. & Street Address	City	State	Zip Code

18. **REPORT MUST BE SIGNED for the organization by a: (1) MEMBER of a member managed OR (2) a MANAGER of a manager-managed company.**

Signature:_____ **Date:** _____

Title/Capacity of signer: _____ **Phone:** _____

FILING FEE: If paid by **JUNE 30** deadline **$25**
If paid **after JUNE 30** deadline . . . **$75** (includes **$50 late fee**)

MAKE CHECK, MONEY ORDER, OR CASHIER'S CHECK PAYABLE TO:

West Virginia Secretary of State

MAIL COMPLETED REPORT AND PAYMENT TO ONE OF THE BUSINESS CENTERS BELOW:

Charleston Office	**Clarksburg Office**	**Martinsburg Office**
One-Stop Business Center 13 Kanawha Blvd. West Suite 201 Charleston, WV 25302 Phone: (304) 558-8000 Fax: (304) 558-8381 Hours: Mon. - Fri. 8:30a - 5:00p EST	**North Central WV Business Center** 153 West Main Street Suite G- Third Floor Clarksburg, WV 26301 Phone: (304) 367-2775 Fax: (304) 627-2243 Hours: Mon. -Fri. 9:00a - 5:00p EST	**Eastern Panhandle Business Center** 229 E. Martin Street Martinsburg, WV 25401 Phone: (304) 356-2654 Fax: (304) 260-4360 Hours: Mon. - Fri. 9:00a - 5:00p EST

West Virginia Secretary of
State Business & Licensing
Division Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov

CUSTOMER ORDER REQUEST

INCLUDE THIS FORM WITH YOUR FILING

Name of Business on Filing: _____

Contact for Filing:
Name: _____
Phone: _____
Email: _____

Order Description: Please Identify the type of filing or request being made.

EXPEDITING SERVICE OPTIONS*

- ☐ Standard (5-10 business days) - No additional cost
- ☐ In-Person Same Day -$25 in addition to filing fee
- ☐ Next Business Day - $25 in addition to filing fee
- ☐ 2 Hour - $250 in addition to filing fee
- ☐ 1 Hour - $500 in addition to filing fee

Expediting Service is NOT AVAILABLE for:

-Dissolutions / Withdrawals of Corporations, Voluntary Associations, or Business Trusts
-Credit Service Organization Registrations
-Trademark Filings
-Sole Proprietor / General Partnership Trade Names

*Fees apply to each business. Time frame Indicates when the filing will be completed and registered in the Secretary of State database.

Return Information:

Method of Return:

- ☐ Hold for Pick Up
- ☐ Email: _____
- ☐ Specialty Carrier (Please provide return envelope & prepaid label)
- ☐ USPS Mail (standard)
  Attention: _____
  Street: _____
  City: _____ State: _____ Zip code: _____

Please Mail Filing to Any Secretary of State Hub Office		
WV One Stop Business Center 13 Kanawha Blvd. W. Suite 201 Charleston, WV 25302	**North Central WV Business Hub** 153 West Main Street Suite G - Third Floor Clarksburg, WV 26301	**Eastern Panhandle Business Hub** 229 East Martin Street Martinsburg, WV 25401

Secretary of State State Capitol Building Charleston, WV 25305 Phone: (304) 558-6000 Website: sos.wv.gov

Next Business Day, 2-Hour, and 1-Hour Expedite Service Guidelines

NEXT BUSINESS DAY EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your "**24-HOUR EXPEDITE"** request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is $25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

Time Constraints: Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional $250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional $500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgment (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.