

PI1000037358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

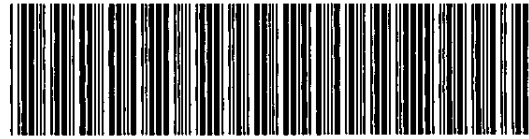
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*revocation  
of  
ass*

07/06/12--01030--006 \*\*43.75

FILED  
2012 JUL -6 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*DR  
7/9/12*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Dream Spa Inc.

**DOCUMENT NUMBER:** P11000037358

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dorothy Bucknor  
Name of Contact Person

Dream Spa Inc.  
Firm/Company

2560 Service Road  
Address

Opa-Locka, FL 33054  
City/State and Zip Code

dreamspa33054@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorothy Bucknor At ( 754 ) 234-1677  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF REVOCATION OF DISSOLUTION

FILED

2012 JUN 6 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is Dream Spa Inc.

SECOND: The document number of the corporation (if known) is P11000037358

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 6/23/12

FOURTH: The Revocation of Dissolution was authorized on 6/24/12

FIFTH: Adoption of Revocation of Dissolution (check one)

- The board of directors revoked the dissolution.
- The incorporators revoked the dissolution.
- The 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.
- The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- The shareholders revoked the dissolution by voting groups - the number of votes cast by \_\_\_\_\_ was sufficient for approval.  
(Voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

Signature Dorothy Bucknor  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Dorothy Bucknor  
(Typed or printed name of person signing)

Vice-President  
(Title of person signing)

FILED  
Jun 23, 2012  
Secretary of State

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

DREAMSPA INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

VOLUNTARY LEAVING AND WILL NOT BE APART OF BUSINESS.

Mailing address where claims can be sent:

700 SW 98 TERR  
PEMBORKE PINES, FL 33025

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: GLENN TAYLOR

Electronic Signature of the Person Filing