

P13000092666

(Requestor's Name)

(Address)

(Address)

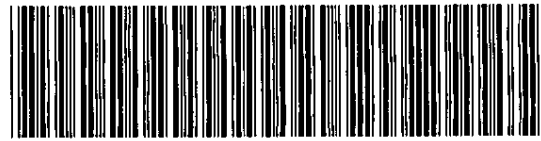
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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04/14/14--01029--005 **52.50

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APPROVED
AND
FILED

14 APR 14 AM 9:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

C. LEWIS
APR 22 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Cell Latino Corp

DOCUMENT NUMBER: P13000092666

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

Please return all correspondence concerning this matter to the following:

Ricardo A. Neme

Name of Contact Person

Cell Latino Corp.

Firm/Company

7220 NW 31th Street

Address

Miami FL 33122

City/State and Zip Code

cmprofe@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo A. Neme

Name of Contact Person

At (**786**) **703-6671**

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

APPROVED
AND
FILED

ARTICLES OF REVOCATION OF DISSOLUTION 14 APR 14 AM 9:42

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: Cell Latino Corp

SECOND: The document number of the corporation (if known) is P13000092666

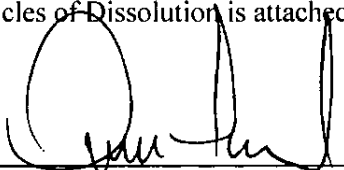
THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 11/13/2013

FOURTH: The Revocation of Dissolution was authorized on 04/09/2014

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 

(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)

Ricardo A. Neme

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35

FILED
Apr 09, 2014
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:
CELL LATINO CORP
- SECOND: The document number of the corporation: P13000092666
- THIRD: The file date of the articles of incorporation: November 14, 2013
- FOURTH: None of the corporation's shares have been issued.
The corporation has not commenced business.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the incorporators authorized the dissolution.

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: GLADYS MARTIN PRESIDENT
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative