

PI7000094855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

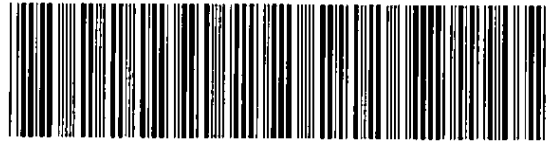
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HODGE
OCT 10 2023

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09/18/23--01020--009 ++35.00

23 SEP 18 AM 9:36
FILING OFFICE
MONTGOMERY, AL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Almond Tree Spa Inc.

DOCUMENT NUMBER: P17000094855

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

Please return all correspondence concerning this matter to the following:

Elizabeth J Hargis

Name of Contact Person

Almond Tree Spa Inc.

Firm/Company

2040 Winter Springs Blvd.

Address

Oviedo, FL 32765

City/State and Zip Code

lizhargis@gmail.com

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

For further information concerning this matter, please call:

Elizabeth J Hargis

At (407) 341-7922

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF REVOCATION OF DISSOLUTION

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: Almond Tree Spa Inc.

SECOND: The document number of the corporation (if known) is P17000094855

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 05/22/2023.
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: The Revocation of Dissolution was authorized on 8/23.

FIFTH: Adoption of Revocation of Dissolution (check one)

- The board of directors/incorporation 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 was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

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

Signature Elizabeth J. Hargis
(By a director, president or other officer - if director 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)

Elizabeth J. Hargis
(Typed or printed name of person signing)

President/owner
(Title of person signing)

FILING FEE \$35

FILED
May 22, 2023
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:

ALMOND TREE SPA 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:

ALMOND TREE SPA INC. DISSOLUTION 5/22/2023

Mailing address where claims can be sent:

2044 COURTYARD LOOP
APT. 108
SANFORD, FL 32771 US

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: ELIZABETH J HARGIS

Electronic Signature of the Person Filing