

P03000017432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
10 APR 30 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005/5/10
25/10
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ANOVI INC

DOCUMENT NUMBER: P03000017432

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

Please return all correspondence concerning this matter to the following:

LAZARO MANUEL GIL

Name of Contact Person

ANOVI INC.

Firm/Company

PO BOX 560831

Address

MIAMI FL 33256

City/State and Zip Code

ivygil@hotmail.com

ivygil@hotmail.com

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

For further information concerning this matter, please call:

Ivona Gil

Name of Contact Person

at (786) 253-2555

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

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 ANOVI INC

SECOND: The document number of the corporation (if known) is P03000017432

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is MARCH 22, 2010

FOURTH: The Revocation of Dissolution was authorized on APRIL 28, 2010

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

Lazaro Gil
(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)

LAZARO MANUEL GIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35

APPROVED
AND
FILED
10 APR 30 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ANOVI Inc.

SECOND: The document number of the corporation (if known): P03000017432

THIRD: The date dissolution was authorized: 03/04/2010

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

LAZARO M. GIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 22 AM 9:20

FILED

Filing Fee: \$35

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.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: _____

ANOVI 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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P.O. Box 560831
MIAMI, FL. 33256

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.

LAZARO M. GIL
Printed Name of the Person Filing

Lazaro M Gil
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00