

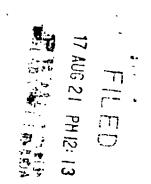
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PICK-UP	☐ WAIT	MAIL
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(Pev.V) iss.

15.

COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Revocation of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: encor Corporation 8B1392 St. L-ucie, FL 34988
City/State and Zip Code Letencor, corporation amai For further information concerning this matter, please call: Enclosed is a check for the following amount: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: Street Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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: Defencer Corporation		
SECOND:	The document number of the corporation (if known) is 91000071529		
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution		
	filed with the Florida Department of State is <u>05-21-2017</u> . 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 $05 - 21 - 2017$		
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.		
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) VIX+ORIO COYPEO (Typed or printed name of person signing) Type of printed name of person signing)		
	レイルビロメイルク こうピイルルオリルタ		

FILING FEE \$35

(Title of person signing)

FILED May 21, 2017 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

DEFENCOR CORPORATION

SECOND: The document number of the corporation: P10000071529

THIRD: The date dissolution was authorized: May 21, 2017

Effective date of dissolution: May 21, 2017

FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution

was sufficient for approval.

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: DANIEL CORREA CHAIRMAN

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED May 21, 2017 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:

DEFENCOR CORPORATION

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:

I AS CHAIRMAN AND DIRECTOR APPLY FOR THIS COMPANY TO BE STRUCK OFF THE REGISTER AND DECLARE THAT NO LAW SUITS EXIST AGAINST THIS COMPANY.

Mailing address where claims can be sent:

PO BOX 881392 PORT ST LUCIE, FL 34988

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. If 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: DANIEL CORREA

Electronic Signature of the Person Filing