498815

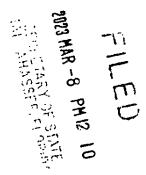
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100404132791

revocation of dissolution



A. RAMSEY

JUN 0 9 2023

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ure Inc.
DOCUMENT NUMBER: 498815	
The enclosed Articles of Revocation of Disse	olution and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Donald J Mason	,
Nam	e of Contact Person
Second Venture Inc.	
	Firm/Company
PO Box 2135	
	Address
Haines City, FL 33845	
City	/State and Zip Code
rowena@gtncpas.com	The Control of the Co
	sed for future annual report notification)
For further information concerning this matt	ter, please call:
Donald Mason	At ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
■ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of State	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	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: Second Venture Inc.		
SECOND:	The document number of the corporation (if known) is 498815		
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution		
	filed with the Florida Department of State is 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 March 6, 2023		
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 (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) Donald J Mason		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

FILING FEE \$35

FILED Feb 23, 2023 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:

SECOND VENTURE, INC.

SECOND: The document number of the corporation: 498815

THIRD: The file date of the articles of incorporation: March 12, 1976

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors 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: DONALD J MASON PRESIDENT

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