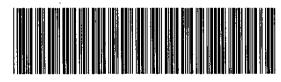
(Re	equestor's Name)		
(Address)			
(Address)			
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJ	The Revere Group Limited, Inc.			
		(Name of Corporation	n)	
DOC	UMENT NUMBER: F05000002792			
	nclosed withdrawal application and ereturn all correspondence concerni			
	Jennifer M. Lurie			
		(Name of Person)		
	NTT DATA, Inc.			
(Firm/Company)				
	100 City Square			
(Address)				
	Boston, MA 02129			
	(	City/State and Zip code	)	
For fu	orther information concerning this ma	atter, please call:		
Jennif	er M. Lurie	at ( 925	627-8970	
Enclo	(Name of Person) sed is a check for the amount:		le & Daytime Telephone Number)	
<b>⊠</b> \$3.	5 Filing Fee \$\sum \\$43.75 Filing Fee &\text{Certificate of Status}\$		Certificate of Status & Certified	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301	

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

The Revere Group Limited, Inc.	
(Name of Corporat	tion)
F05000002792	
(Document Number of Corpora	ation (if known)
Illinois	
(Incorporated Under I	.aws of)
voluntarily surrenders its authority to transact business or con- This corporation revokes the authority of its registered ager appoints the Department of State as its agent for service of p the time it was authorized to transact business or conduct affa. The following is a current mailing address for the corporation	nt in Florida to accept service on its behalf and process based on a cause of action arising during irs in Florida.
100 City Square	12 0
(Mailing Addres	s) Figure 1
Boston, MA 02129	3 CORFO
(City/ State /Zip	PM (2: 46
The corporation agrees to notify the Department of State in th	e future of any change in its mailing address.
2/2	November 5, 2012
Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Richard Bakewell	Treasurer

**FILING FEE \$35** 

(Title of person signing)

(Typed or printed name of person signing)