

F84361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

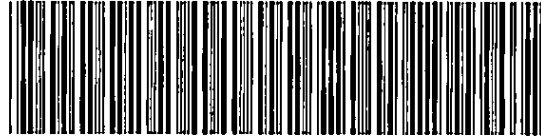
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

548?

Adoption of Rev. must be
the same.

Office Use Only



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11/20/19--01010--FEE \$55.00

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CLERK OF STATE
CORPORATIONS
2020 FEB 18 PM 4:53

Revocation

FEB 18 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sawyer Insurance, Inc.

DOCUMENT NUMBER: FS4361

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

Please return all correspondence concerning this matter to the following:

Henry R. Sawyer

Name of Contact Person

Firm/Company

19001 Witts End

Address

Alva, FL 33920

City/State and Zip Code

henrysawyer@gmail.com

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

For further information concerning this matter, please call:

Henry R. Sawyer

Name of Contact Person

At (239) 980-3324
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

FILED
SECRETARY OF STATE
2011 FEB 2 PM 4:53



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2019

HENRY R. SAWYER
19001 WITTS END
ALVA, FL 33920

SUBJECT: SAWYER INSURANCE, INC.
Ref. Number: F84361

We have received your document for SAWYER INSURANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Board of Directors authorized the dissolution. The Revocation must be authorized by the same as the dissolution. Please correct your application to show the Board of Directors authorized the revocation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 219A00026204

1-13-2020

Please see the Attached

THANK YOU,

Henry R Sawyer Pres

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: Sawyer Insurance, Inc.

SECOND: The document number of the corporation (if known) is FS4361

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

9/11/2019
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 11/5/2019

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

(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)

Henry R. Sawyer

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

ARTICLES OF DISSOLUTION

Signature: HENRY R SAWYER PRESIDENT

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