

H43502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

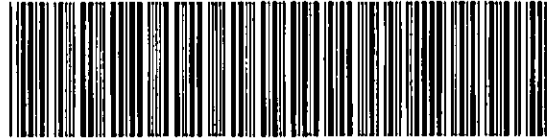
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 APR -5 AM 10:45

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JAMES S. LAVOLD, INC.

DOCUMENT NUMBER: H43502

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

Please return all correspondence concerning this matter to the following:

James Lavold

Name of Contact Person

James S. Lavold, Inc.

Firm/Company

952 Jupiter Park Lane, Suite 4

Address

Jupiter, FL 33458

City/State and Zip Code

jimlavold@msn.com

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

For further information concerning this matter, please call:

James Lavold

Name of Contact Person

at (561) 747-5050

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 617.1404, Florida Statutes, this Florida not for 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:

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FIRST: The name of the corporation is James S. Lavold, Inc.

SECOND: The document number of the corporation (if known) is H43502

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 Jan 8, 2021

FIFTH: Adoption of revocation of dissolution (check one)

The board of directors revoked the dissolution authorized by the members and revocation was permitted by action by the board of directors alone pursuant to that authorization.

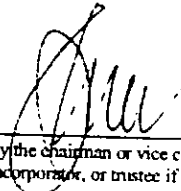
The members revoked the dissolution and the number of votes cast was sufficient for approval.

The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.

The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors. The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

The incorporator or majority of the incorporators authorized the dissolution.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature 
(By the chairman or vice chairman of the board, president or other officer, or by an incorporator, or trustee if applicable)

Typed or Printed Name James S. Lavold

Title President

FILING FEE \$35

FILED
Jan 08, 2021
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:
JAMES S. LAVOLD, INC.
- SECOND: The document number of the corporation: H43502
- THIRD: The file date of the articles of incorporation: February 20, 1985
- 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: JAMES S LAVOLD

PRESIDENT

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