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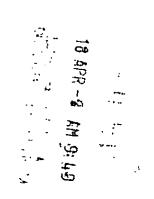
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: DISCOVET CACEKS Name of Limit	والكارية و	Le-
	Name of Limit	ed Liability Compan	y
	closed Statement of Revocation of Dissolution f ted for filing.	or Florida Limited L	ability Company and fee(s) are
Please	return all correspondence concerning this matter	10:	
	KAIL BIOWN		
	Contact Person		
	Discourage cack Solu-	have ale	
	7492 NW 34 St		
	Address		
	Laudechill Cl 33319 City, State and Zip Code	۹.	
	City, State and Zip Code		
E-1	mail address: (to be used for future annual repor	notification)	
For furt	ther information concerning this matter, please of	all:	
	Name of Contact Person	at (<u>354·8/)</u> (829.6051
	Name of Contact Person	Area Code	Daytime Telephone Number
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P. C	istration Section ision of Corporations b. Box 6327 ahassee, FL 32314

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605,0708, Florida Statutes, this Florida limited liability company 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.

1.	The name of the company is: Siscovery ereck Solutions Libe.			
2.	The document number of the company is LD46800 4274			
3.	The effective date the Dissolution was filed is			
4.	The revocation of dissolution was authorized on $\frac{\partial \mathbf{P}(\alpha)}{\partial \alpha}$			
5.	A copy of the Articles of Dissolution is attached.	<u>بة</u> ب	760	
		,	ĄРR	
	Signature of person authorized to submit the revocation of dissolution		1	•• ••
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	Filing Fee: \$100.00	· •	·\$9	•***
	Cartified Conv. \$30.00 (antional)		چ	