

L10000060633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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03/30/12--01016--022 \*\*105.00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Professional Standard Foundation Solutions  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Kincade

Name of Person

P.S.F.S.

Firm/Company

P.O. Box #253

Address

Brooksville, FL. 34605

City/State and Zip Code

ekincadee@yahoo.com

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

For further information concerning this matter, please call:

Jeralynn Kincade at (407) 967-9919

Name of Person

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$100 Filing Fee    ☒ \$105 Filing Fee & Certificate of Status    ☐ \$130 Filing Fee & Certified Copy    ☐ \$135 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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**ARTICLES OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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Pursuant to section 608.4411, 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 Professional Standard Foundation Solution
2. The document number of the company is L10000060633
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was 1-19-12
4. The revocation of dissolution was authorized in the same manner as the dissolution on 1-19-12

Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature	Typed or Printed Name
<u>Eric Kincade</u>	<u>Eric Kincade</u>
<u>Jeralynn Kincade</u>	<u>Jeralynn Kincade</u>
_____	_____
_____	_____
_____	_____

**Filing Fee: \$100.00**