

**L16000079764**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

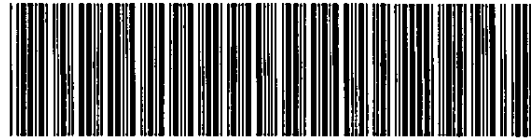
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**D. SCOTT**

**DEC 8 2016**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARK MINE CAPITAL LLC  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MILTON FRANKLIN

Contact Person

ARK MINE CAPITAL LLC

Firm/Company

1015 PENNSYLVANIA AVE #30

Address

MIAMI BEACH, FL 33139

City, State and Zip Code

arkminecapital@gmail.com

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

For further information concerning this matter, please call:

MILTON FRANKLIN

Name of Contact Person

at 786

Area Code

506-3578

Daytime Telephone Number

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

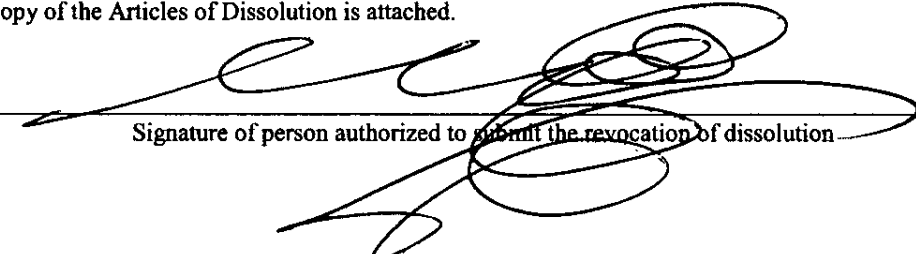
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

**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: ARK MINE CAPITAL LLC
2. The document number of the company is L16000079764
3. The effective date the Dissolution was filed is 11/15/2016
4. The revocation of dissolution was authorized on 11/14/2016
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

CR2E132 (10/15)

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**16 DEC -7 PM 2:55**  
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