

217 000 256043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
JUN 18 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INTERNATIONAL HOUSE OF CINEMA 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:

NIRVANDO BATISTA  
Contact Person

JTAX CORP  
Firm/Company

7777 GLADES RD STE 100  
Address

BOCA RATON FL 33434  
City, State and Zip Code

JUNIOR@JTAXCORP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIRVANDO BATISTA at (781) 941 0180  
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

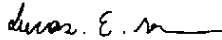
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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.

- INTERNATIONAL HOUSE OF CINEMA LLC
1. The name of the company is: \_\_\_\_\_
  2. The document number of the company is 117000256043
  3. The effective date the Dissolution was filed is 05/07/2018
  4. The revocation of dissolution was authorized on 05/31/2018
  5. A copy of the Articles of Dissolution is attached.

**FILED**  
JUN 15 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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