# U19000/01283

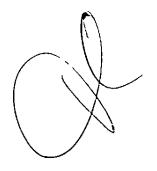
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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SINGLANDSEE, FL



#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Reactivation		
Name of Limited Liability Cor	npany	-
The enclosed Statement of Revocation of Dissolution for Florida Limit submitted for filing.	ted Liability Company and f	ee(s) are
Please return all correspondence concerning this matter to:		
BENJAMIN ARMAS	_	
Contact Person		
BEN'S REPAIRS LLC		
Firm/Company	_	
6512 Lamp Post Dr		
Address	_	
Tampa florida 33625		<b>20</b> 2
City, State and Zip Code		
totalrepair16@yahoo.com		2023 MAR 31
E-mail address: (to be used for future annual report notification)	_	<del>-</del>
For further information concerning this matter, please eall:		
Benjamin Armas at ( 813	325-3232	PHIZ: 08
Name of Contact Person Area Code	Daytime Telephone Nu	ımber 🕳

### **Mailing Address:**

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## 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.	BEN'S REPAIRS LLC  The name of the company is:	-
2.	The document number of the company is	
3.	The effective date the Dissolution was filed is	•
4.	The revocation of dissolution was authorized on	_
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)

2023 HAR 31 PM 12: 08

CR2E132 (10/15)