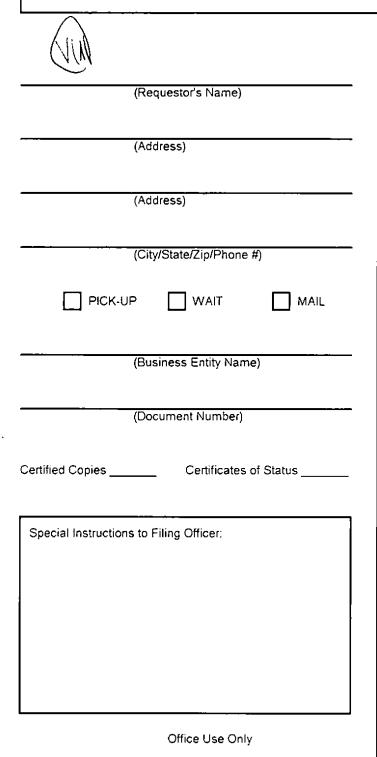
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
α . α	sine LLC
Name of Limited Liability Co	mpany
The enclosed Statement of Revocation of Dissolution for Florida Limi submitted for filing.	ted Liability Company and fee(s) are
Please return all correspondence concerning this matter to:	
Lance Thomas	_
Contact Person Crustini Pizza and Cusin Firm/Company	u UC
1701 Doyle Rd.	_
Deltora F1 32725 City, State and Zip Code	_
TLT0925 @ Jahoo Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: 407 – Lance Thomas or at 407 Name of Contact Person Traly Thomas	547-9368 314-3475 Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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.

١.	The name of the company is: Crushni Pizza and Cuisine UC
2.	The document number of the company is
3.	The effective date the Dissolution was filed is $\frac{10 31 2023}{}$
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 discolution

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

2024 JAN 10 PM 5: 45 SECRETARY OF STATE