



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Gelbwaks Insurance Services, Inc.

**DOCUMENT NUMBER:** M06929

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Inman

\_\_\_\_\_  
Name of Contact Person

Gelbwaks Insurance Services, Inc.

\_\_\_\_\_  
Firm/Company

5110 Carillon Point

\_\_\_\_\_  
Address

Kirkland, WA 98033

\_\_\_\_\_  
City/State and Zip Code

rebecca@acsiapartners.com

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

For further information concerning this matter, please call:

Rebecca Inman \_\_\_\_\_ At ( 425 ) 284-2872  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|--|--|--|---|

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation 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:

FIRST: The name of the corporation is: Gelbwaks Insurance Services, Inc.

SECOND: The document number of the corporation (if known) is M06929

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 08/18/15

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: The Revocation of Dissolution was authorized on 08/18/15

FIFTH: Adoption of Revocation of Dissolution (check one)

- checkbox The board of directors revoked the dissolution.
checkbox The incorporators revoked the dissolution.
checkbox The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
checkbox The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
checkbox The shareholders revoked the dissolution by voting groups - the number of votes cast by

\_\_\_\_\_ was sufficient for approval.
(Voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

Signature Denise Gott
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Denise Gott
(Typed or printed name of person signing)

President
(Title of person signing)

15 AUG 24 PM 12:45
DIVISION OF CORPORATE SERVICES

**FILED**  
**Aug 18, 2015**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:  
**GELBWAKS INSURANCE SERVICES, INC.**
- SECOND:** The document number of the corporation: **M06929**
- THIRD:** The file date of the articles of incorporation: **October 25, 1984**
- FOURTH:** None of the corporation's shares have been issued.
- FIFTH:** No debt of the corporation remains unpaid.
- SIXTH:** The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH:** A majority of the directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: **DENISE GOTT** **PRESIDENT**  

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**Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative**

**FILED**  
**Aug 18, 2015**  
**Secretary of State**

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

**GELBWAKS INSURANCE SERVICES, INC.**

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

THE ARTICLES OF DISSOLUTION STATE THAT EFFECTIVE 12/31/14 GELBWAKS WAS NO LONGER DOING BUSINESS.

Mailing address where claims can be sent:

**5110 CARILLON POINT  
KIRKLAND, WA 98033**

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: **DENISE GOTT**

\_\_\_\_\_  
Electronic Signature of the Person Filing