

m19364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500236763935

06/27/12--01020--011 \*\*35.00

Articles  
Revised  
6/29/12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JUN 27 PM 1:18

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Default Proof Credit Card System Inc

**DOCUMENT NUMBER:** M29364

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

Please return all correspondence concerning this matter to the following:

Jonathan B. Reisman

Name of Contact Person

Law Office of Jonathan B. Reisman

Firm/Company

6975 NW 62 Terrace

Address

Parkland, Florida 33067

City/State and Zip Code

vincentcue@att.net

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

For further information concerning this matter, please call:

Jonathan Reisman

Name of Contact Person

At ( 954 ) 803-2859

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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 Default Proof Credit Card System Inc.

SECOND: The document number of the corporation (if known) is M18364

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is June 12, 2012

FOURTH: The Revocation of Dissolution was authorized on June 15, 2012

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☒ The board of directors revoked the dissolution.
- ☐ The incorporators revoked the dissolution.
- ☐ 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.
- ☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ 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



(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)

Vincent Cuervo

(Typed or printed name of person signing)

Director and officer

(Title of person signing)

FILING FEE \$35

FILED  
2012 JUN 27 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, 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:  
**DEFAULT PROOF CREDIT CARD SYSTEM INC.**

**SECOND:** The document number of the corporation: **M19364**

**THIRD:** The date dissolution was authorized: **June 12, 2012**  
Effective date of dissolution: **June 12, 2012**

**FOURTH:** Dissolution was approved by the shareholders through voting groups.  
The number of votes cast for dissolution was sufficient for approval by  
**THE BOARD OF DIRECTORS**

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: **CHARLES A. MENENDEZ** **PCFO**  
\_\_\_\_\_  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative