

M68939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

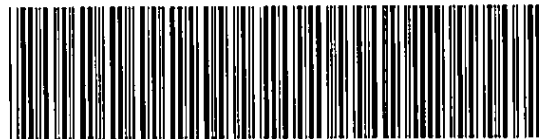
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\*Board Certified, Criminal Trial

:- Board Certified, City, County, Local  
Government Law

March 29, 2023

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

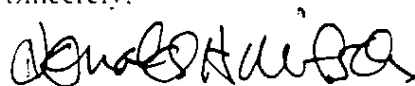
**Re: Articles of Revocation of Dissolution:**  
**Volden Pest Control, Inc.- document no. M68939.**  
**Volden Rentals Incorporated- document no. P06000011628.**

Dear Division of Corporations:

This firm represents Gerald and Nitena Volden and their corporations. Enclosed for filing are Articles of Revocation of Dissolution for each of the above-referenced entities. The Voldens recently sold their pest control business (just the assets- not the entity), and mistakenly thought they needed to dissolve the corporations, so the voluntary dissolutions filed for each were done in error. Please file the Articles and return to this office the Certificates of Status and certified copies requested.

We appreciate your assistance in this matter. If you have any questions or any issues in processing these requests, please contact this office.

Sincerely,



Donald H. Wilson, Jr.

DHW/dr  
enc

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** VOLDEN PEST CONTROL, INC.

**DOCUMENT NUMBER:** M68939

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

Please return all correspondence concerning this matter to the following:

Nitena Kay McGlimm-Volden

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

Volden Pest Control, Inc.

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

322 Interlachen Parkway

\_\_\_\_\_  
Address

Lakeland, FL 33801

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

nkx322@tampabay.rr.com

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

For further information concerning this matter, please call:

Nitena Volden

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

At ( 863 ) 860-1741

\_\_\_\_\_  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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: VOLDEN PEST CONTROL, INC.

SECOND: The document number of the corporation (if known) is M68939.

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is 01/13/2023.

**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.

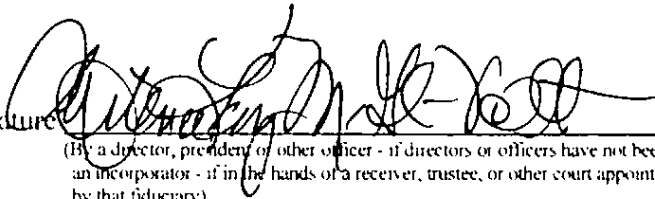
FOURTH: The Revocation of Dissolution was authorized on 03/01/2023.

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☒ The board of directors/incorporation 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 was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

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)

Nitena Kay Volden

(Typed or printed name of person signing)

Vice President

(Title of person signing)

**FILING FEE \$35**

FILED  
Jan 13, 2023  
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:  
VOLDEN PEST CONTROL, INC.
- SECOND: The document number of the corporation: M68939
- THIRD: The date dissolution was authorized: December 31, 2022  
Effective date of dissolution: January 14, 2023
- FOURTH: Dissolution was approved by the shareholders in the manner required by this chapter  
and by Articles of Incorporation.

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: NITENA KAY MCGLINN-VOLDEN VICE PRESIDENT  
\_\_\_\_\_  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

**FILED**  
**Jan 13, 2023**  
**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:

VOLDEN PEST CONTROL, 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:

CORPORATION WAS SHUT DOWN.

Mailing address where claims can be sent:

322 INTERLACHEN PKWY  
LAKELAND, FL 33801

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: NITENA KAY MCGLINN-VOLDEN

Electronic Signature of the Person Filing