

NO2000001091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

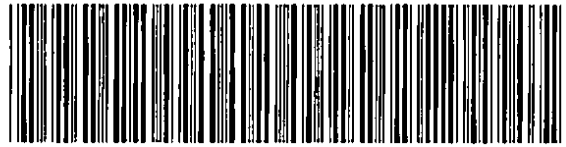
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700386639707

Renovation of
diss

04/28/22--01001--003 **113.75

2022 APR 27 PM 12 04

FILED

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 APR 27 PM 3:35

RECEIVED

A. RAMSEY
MAY -3 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2022

LAUREL MATHIS

SUBJECT: SEMINOLE MANOR NEIGHBORHOOD ASSOCIATION, INC.
Ref. Number: N02000001091

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY -2 PM 1:45

RECEIVED

We have received your document for SEMINOLE MANOR NEIGHBORHOOD ASSOCIATION, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

The articles of revocation of dissolution must be accompanied by a copy of the previously filed articles of dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 822A00009879

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Seminole Manor Neighborhood Association Inc.

DOCUMENT NUMBER: N02000001091

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

Please return all correspondence concerning this matter to the following:

Laurel Mathis

Name of Contact Person

Seminole Manor Neighborhood Association Inc.

Firm/Company

3773 Roswell Drive

Address

Tallahassee FL. 32310

City/State and Zip Code

seminolemanorcares@gmail.com

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

For further information concerning this matter, please call:

Laurel Mathis

Name of Contact Person

at (850) 459-9787

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

ARTICLES OF REVOCATION OF DISSOLUTION

2022 APR 27 PM 12 04

Pursuant to section 617.1404, Florida Statutes, this Florida not for 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 Seminole Manor Neighborhood Association Inc.

SECOND: The document number of the corporation (if known) is N02000001091

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 01/06/2022

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 01/06/2022

FIFTH: Adoption of revocation of dissolution (check one)

☐ The board of directors revoked the dissolution authorized by the members and revocation was permitted by action by the board of directors alone pursuant to that authorization.

☒ The members revoked the dissolution and the number of votes cast was sufficient for approval.

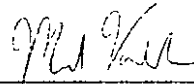
☐ The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.

☐ The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors. The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

☐ The incorporator or majority of the incorporators authorized the dissolution.

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

Signature



(By the chairman or vice chairman of the board, president or other officer, or by an incorporator, or trustee if applicable)

Typed or Printed Name Mark Vanderlaan

Title Treasurer

FILING FEE \$35

FILED
Jan 06, 2022
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
SEMINOLE MANOR NEIGHBORHOOD ASSOCIATION, INC.

SECOND: The document number of the corporation: N02000001091

THIRD: The date of the meeting of members at which the resolution to dissolve was adopted
December 29, 2021. The number of votes cast by the members was sufficient for approval.

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: ROB RINEHART

REGISTERED AGENT

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