

NO60000000082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

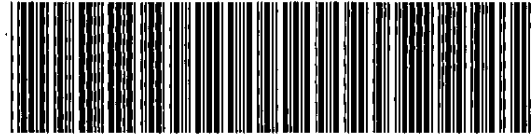
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2010 AUG 23 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rev. of Diss.

TB

AUG 25 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Food Shelter Health Ministry Inc.

DOCUMENT NUMBER: N06000000082

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

Please return all correspondence concerning this matter to the following:

Marsha Thompson

Name of Contact Person

Firm/Company

11110 W. Oakland Park Blvd. #377

Address

Sunrise, Florida 33351

City/State and Zip Code

admin@foodshelterhealthministry.org

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

For further information concerning this matter, please call:

Marsha Thompson

Name of Contact Person

at (954) 588-5649

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 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 Food Shelter Health Ministry Inc.

SECOND: The document number of the corporation (if known) is N06000000082

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is August 6, 2010

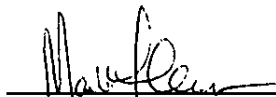
FOURTH: The revocation of dissolution was authorized on August 14, 2010

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.

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 Marsha Thompson

Title President

FILING FEE \$35

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2010 AUG 23 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

Food Shelter Health Ministry Inc.

SECOND: The document number of the corporation (if known): N06000000082

THIRD: The file date of the articles of incorporation: 1-4-2006

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**

(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

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2010 AUG -6 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: 

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Marsha Thompson

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35