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### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION **DOCUMENT NUMBER:** The enclosed Articles of Revocation of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Zoila Eggers
Name of Contact Person Zveggers. breakungouth + 6, unhoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

\*Note: Please file Articles of Revocation of Dissolution First the file Articles of Amendment

Clifton Building

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

### 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 Breaking Out		
	Corporation		
SECOND:	The document number of the corporation (if known) is N1000005487		
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is		
FOURTH:	The revocation of dissolution was authorized on August 19,2011.		
FIFTH:	Adoption of revocation of dissolution (check one)		
SIXTH:	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 and the vote for the against.  A copy of the Articles of Dissolution is attached.		
	Signature  (By the chairman of vice chairman of the pard, president or other officer, or by an incorporator, or trustee if applicable)		
	Typed or Printed Name <u>Foula</u> Fagures		
	rile Vice President		

FILING FEE \$35

## State of Florida Department of State

I certify that the attached is a true and correct copy of the Articles of Dissolution, filed on August 10, 2011, dissolving BREAKING OUT CORPORATION, a Florida corporation, as shown by the records of this office.

The document number of this corporation is N10000005487.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Eleventh day of August, 2011

Secretary of State



### 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:

**BREAKING OUT CORPORATION** 

SECOND:

The document number of the corporation: N10000005487

THIRD:

The date of the meeting of members at which the resolution to dissolve was adopted July 10, 2011. 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: JAMES BARNES

PRESIDENT

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