

N12000005705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

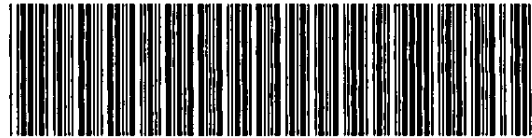
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800246259828

04/01/13--01025--020 **35.00

FILED
13 APR - 1 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 04 2013

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rescorp, Inc.

DOCUMENT NUMBER: N12000005705

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

Please return all correspondence concerning this matter to the following:

Kelley Aderhold
Name of Contact Person

Rescorp, Inc.
Firm/Company

Physical:

4715 Heath Ave

Address

Tampa, FL 33624
City/State and Zip Code

mailing fee file
PO Box 273982

Tampa FL 33688

thebestsource2@juno.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damian Enriquez at (813) 778 9501
Name of Contact Person 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
850-245-6050

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 Rescorp, Inc.

SECOND: The document number of the corporation (if known) is N12000005705

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 2/4/13.

FOURTH: The revocation of dissolution was authorized on 2/4/13.

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

Kelley A Adershold
(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

Kelley A Adershold

Title

Director

FILING FEE \$35

FILED
MAR 11 AM 9:41
SECRETARY OF STATE
FLORIDA

FILED
Feb 04, 2013
Secretary of State

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:
RESCORP INC.

SECOND: The document number of the corporation: **N12000005705**

THIRD: The file date of the articles of incorporation: **June 6, 2012**

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

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The dissolution was authorized by a majority of the 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: **DAMIAN G ENRIQUEZ**

PRESIDENT

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