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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CLARK, PARTINGTON, HART, LARRY, BOND, STACKHOUSE

Account Number: 071201002016

: (850)434-9200

Fax Number

: (850)208-7100

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

Email Address: sremington@cphlaw.com

REVOCATION OF DISSOLUTION GOOD WORKS PARTNERSHIPS INC.

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$43.75	

FILED

2015 MAR 10 AM 11: 18

ARTICLES OF REVOCATION OF DISSOLUTION OF STATE TALL AND SEE. FLORIDA 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 GOOD WORKS PARTNERSHIPS INC		
SECOND:	The document number of the corporation (if known) is N12000008871		
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 11/20/2014		
FOURTH:	The revocation of dissolution was authorized on		
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 Andrew E. Rothfeder Vice Title President		

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ARTICLES OF DISSOLUTION

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Good Works Partnerships, Inc.		
SECOND:	The document number of the corporation (if known): N12000008871		
THIRD:	Adoption of Dissolution (COMPLETE SECTION 1 OR II)		
	Adoption of Dissolution (COMPLETE SECTION 1 OR II) SECTION 1 If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) The date of meeting of members at which the resolution to dissolve was adopted		
	U8/U8/3014		
	approval. The number of votes cast by the members was sufficient for		
	D The resolution was adopted by written consent of the members and executed in accordance wit section 617.0701, Florida Statutes.		
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:		
	The corporation has no members or members entitled to vote on the dissolution.		
	The date of adoption of the resolution by the board of directors was		
	The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)		
FOURTH	Effective date of dissolution, if applicable: 11/12/2014		
Signature;	ambu McClure		
	(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)		
	Amber McClure		
	(Typed or printed name of person signing)		

Filing Fee: \$35

Mar 10 2015 01:05pm P004/004 ---- #15000060911 3 :

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named belongainst this corporation as provided in s. 617.1407, F.S.	ow for resolution of payment of unknown claims
This "Notice of Corporate Dissolution" is optional and is not r	equired when filing a voluntary dissolution.
Name of Corporation: Good Works Partner	ships, Inc.
Date of dissolution will be the date the dissolution is filed with t specified in the Articles of Dissolution.	he Department of State or as
Description of information that must be included in a claim:	
Name of company filing claim, date of service	s were rendered or goods were
delivered, amount of claim, and any other info	rmation related to the claim.
Mailing address where claims can be sent: (Claims cannot be se	mt to the Division of Corporations)
41 N Jefferson St	
Suite 107	
Pensacola, FL 32502	
A claim against the above named corporation will be barred uni within 4 years after the filing of this notice.	ess a proceeding to enforce the claim is commenced
Amber McClure	ambu McChine
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00