

N14000000628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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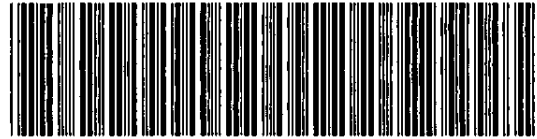
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TALLAHASSEE FLORIDA

Rev. of
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Copy**COVER LETTER**

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Florida Association of Puerto Rico CPAs Inc.

DOCUMENT NUMBER: N 4000000628

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

Please return all correspondence concerning this matter to the following:

Diana Rivera

Name of Contact Person

Florida Association of Puerto Rico CPAs Inc.

Firm/Company

PO Box 310275

Address

Miami FL 33231

City/State and Zip Code

Puertoricopasflorida@gmail.com

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

For further information concerning this matter, please call:

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CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

TALLAHASSEE, FL 32301 POSTAL STORE

Certified Mail Fee \$3.30

Extra Services & Fees (check box and fee)

☐ Return Receipt (hardcopy) \$2.70

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.15

Total Postage and Fees \$7.15

Sent To Amendment Section, Division of Corporations

Street, P.O. Box, or PO Box No. PO Box 6327

City, State, ZIP+4® Tallahassee FL 32314

PS Form 3800, April 2015 pgs. 1-30 (01/14) See Reverse for Instructions

at (305) 496-2112

Area Code & Daytime Telephone Number

Amount:

- ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

25EB ED24 E000 0251 5102

FLORIDA ASSOCIATION OF PUERTO RICO CPAS, INC.
681 GRAYHAWK AVENUE
PLANTATION, FLORIDA 33324
787-460-8729

Amendment Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Attention: Irene

Dear Irene:

As agreed in our telephone conversation, attached are the documents to reinstate the Association. Originally the Association was dissolved on April 18, 2016 (see attached dissolution), however, this dissolution was made without the authorization of the Board. On August 15, 2016, within the 120 days, we filed the revocation documents and check in the amount of \$35.00 which was cancelled (see attached copy) via certified mail. However, the Association is not active in the site and we are not able to file the annual report online. Please let us know the cause of this and how we can correct it.

Thanks you for your help,



Maria E. Morales

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 Florida Association of Puerto Rico CPAs Inc.

SECOND: The document number of the corporation (if known) is N 1400000628

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is April 18, 2016

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 June 22, 2016

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

Diana Rivera

(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 Diana Rivera

Title President

FILING FEE \$35

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TALLAHASSEE FLORIDA

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:
FLORIDA ASSOCIATION OF PUERTO RICO CPAS INC.

SECOND: The document number of the corporation (if known): N14000000628

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

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

APRIL 11, 2016. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with 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: _____
(no more than 90 days after dissolution file date)

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.

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)

ANGEL LOPEZ

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

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16 APR 18 PM 1:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA