

N 14000004474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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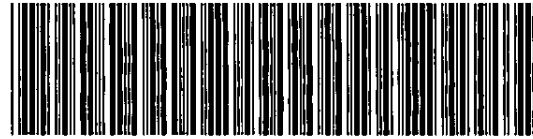
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2014

MRS. JOYCE A. SVINGALA  
PO BOX 305  
POMONA PARK, FL 32181

SUBJECT: POMONA PARK SENIOR PROGRAM INC.  
Ref. Number: N14000004474

We have received your document for POMONA PARK SENIOR PROGRAM INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate that the subject corporation has not filed their current year annual report. Enclosed is an annual report form which must be completed and returned with the Articles of Revocation of Dissolution to the address at the bottom of this letter. The annual report filing fee is \$150 for a profit corporation and \$61.25 for a not for profit corporation

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 414A00017063

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Pomona Park Senior Program Inc.  
**DOCUMENT NUMBER:** N14000004474

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

Please return all correspondence concerning this matter to the following:

Mrs. Joyce A. Svingala  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

PO Box 305

Address

Pomona Park, FL 32181

City/State and Zip Code

svingala@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyce A Svingala (386) 649-9293  
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

**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 Pomona Park Senior Program Inc.

SECOND: The document number of the corporation (if known) is N14000004474

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is May 23, 2014

FOURTH: The revocation of dissolution was authorized on July 23, 2014

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

Joyce A. Svingola Pres.  
(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

Joyce A. Svingola

Title

President

FILING FEE \$35

**FILED**  
**May 23, 2014**  
**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:  
**POMONA PARK SENIOR PROGRAM INC.**

**SECOND:** The document number of the corporation: N14000004474

**THIRD:** The file date of the articles of incorporation: May 6, 2014

**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: JOYCE A SVINGALA

PRESIDENT

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