

NIL 000008345

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(Address)

(City/State/Zip/Phone #)

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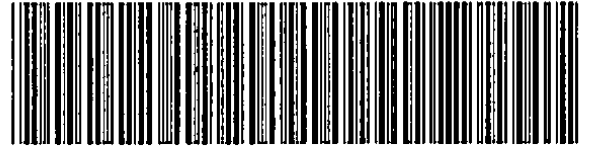
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FACILITY - 2021

2021 MAR -8 AM 8:20

FILED

4/1/21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Above Average Center Inc.
DOCUMENT NUMBER: N16000008345

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

Please return all correspondence concerning this matter to the following:

Sophonie Gedeon
Name of Contact Person

Above Average Center Inc.
Firm/Company

2200 Poinsettia Blvd.
Address

Delray Beach FL 33445
City/State and Zip Code

1missgedeon@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sophonie Gedeon at (561) 306-2686
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF REVOCATION OF DISSOLUTION

FILED

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 Above Average
Center Inc.

207THP-8
SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The document number of the corporation (if known) is N16000008345

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is
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 2/11/2021

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.

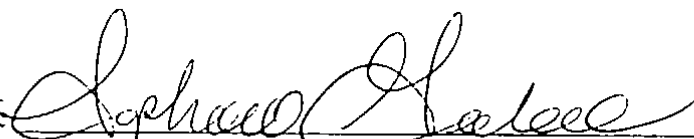
☐ The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.

☒ 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 1 and the vote for the resolution was 1 for and 0 against.

☐ The incorporator or majority of the incorporators authorized the dissolution.

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

Sophonie Gedeon

Title

Vice President

FILING FEE \$35

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:
ABOVE AVERAGE CENTER INC.

SECOND: The document number of the corporation: N16000008345

THIRD: 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 January 22, 2021.
The number of directors in office was 1 and the vote for resolution was
1 for and 0 against.

FOURTH: Effective date of dissolution: February 10, 2021

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: SOPHONIE GEDEON

VICE PRESIDENT

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