

N 17 0000 106 74

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

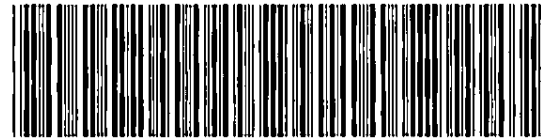
(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 30 PM 3:38

12 PM 6:00

C. GOLDEN

OCT 14 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. Manos De Compasión Internacional Incorporated N17000010674
Name Document Number (if known)

☒ Walk in ☐ Will wait

☒ Certified Copy of:

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☒ INC

☐ OTHER

AMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion

☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority

☐ APOSTIL

COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign
☐ Limited Partnership
☐ Reinstatement

☐ Trademark
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Manos De Compasion Internacional Incorporated
DOCUMENT NUMBER: N17 0000 10674

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

Please return all correspondence concerning this matter to the following:

Aimee Mejias
Name of Contact Person

Manos De Compasion Internacional Incorporated
Firm/Company

2112 Deerfield drive
Address

Lakeland, FL. 33813
City/State and Zip Code

HandsofCompasion1@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aimee Mejias at (813) 760-9272
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

August 13, 2020

Florida Department of State

Division of Corporation

DOCUMENT NUMBER -N17000010674

To whom it may concern,

On August 11th I was online trying to amend my articles of incorporation by adding section IX, the Dissolution Section and I accidently filed online to dissolve the corporation. I did not know until I received my email

On August 13th I received an email that my Corporation Manos de Compasion Internacional Incorporated was dissolved which was not my intention to do. Enclosed is the Articles of Revocation of Dissolution form but it wants me to check a box that does not apply to my situation. That is why I am writing to explain it. This was done unintentionally and in total error. All I wanted to do was amend it and add my section of Dissolution to my Articles of Incorporations. I am asking you to please reopen my Corporation. I have included the new form for updating the Articles of Incorporation along with amendment to the Articles of Incorporation and payment for both.

Please call me at 813-760-9272 with any questions. I will greatly appreciate all your assistance to make sure my Corporation is current and active.

Thank You,



Aimee Mejias

President

Manos de Compasion Internacional Incorporated

2112 Deerfield Drive

Lakeland, FL 33813



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2020

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: MANOS DE COMPASION INTERNACIONAL INCORPORATED
Ref. Number: N17000010674

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain a statement reflecting the revocation of dissolution was authorized in the same manner as the dissolution.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 820A00019007

RECEIVED
2020 OCT 13 PM 3:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 Manos De Compasion Internacional
Incorporated

SECOND: The document number of the corporation (if known) is N 170000 10674

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 8/11/20
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 8/18/20

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.

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

XTH: A copy of the Articles of Dissolution is attached.

Signature

Aimee Mejias

(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

Aimee Mejias

Title

President

FILED
Aug 11, 2020
Secretary of State

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:
MANOS DE COMPASION INTERNACIONAL INCORPORATED
- SECOND: The document number of the corporation: N17000010674
- THIRD: The date of the meeting of members at which the resolution to dissolve was adopted
October 23, 2017. The number of votes cast by the members was sufficient for approval.

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: AIMEE MEJIAS

PRESIDENT

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