

N19000009617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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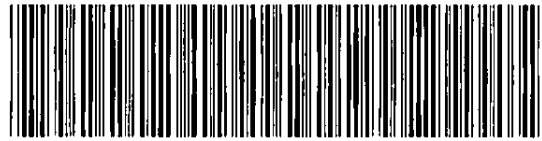
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Florida Student Cosmetology School Inc.  
**DOCUMENT NUMBER:** N19000009617

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

Please return all correspondence concerning this matter to the following:

Sharon Parker  
Name of Contact Person

Florida Student Cosmetology School  
Firm/Company

6012 Santa Margarita Drive  
Address

Fort Pierce FL, 34951  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sharon Parker at (772) 579-0418  
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

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 Student Cosmetology School Inc.

SECOND: The document number of the corporation (if known) is 119000009617

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 9<sup>th</sup> 2024.  
**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 May 9, 2024

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.

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

Signature Sharon Parker  
(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 Sharon Parker

Title Owner/President

FILING FEE \$35

DEPT OF STATE  
TALLAHASSEE, FL

MAY 10 - 9 PM 1:26

650

**FILED**  
**May 09, 2024**  
**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:  
FLORIDA STUDENT COSMETOLOGY SCHOOL INC.
- SECOND:** The document number of the corporation: N19000009617
- THIRD:** The date of the meeting of members at which the resolution to dissolve was adopted  
May 6, 2024. 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: SHARON PARKER PRESIDENT  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

2024 MAY 09 PM 1:26  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF FLORIDA