

N220000006716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

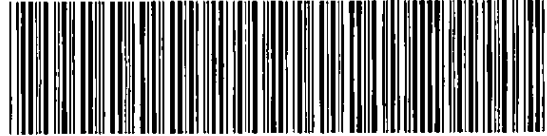
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200401828402

revocation of
dissolution

FILED
2023 APR -5 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2023 APR -5 PM 2:41
TALLAHASSEE, FLORIDA

A. RAMSEY

APR - 6 2023

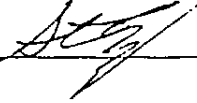
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ST LUCIE CANES INC.

Please Debit I20000000257 For: 35

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by:

SETH

04/04/23

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: St. Lucie Canes Inc.

DOCUMENT NUMBER: N 2200006716

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

Please return all correspondence concerning this matter to the following:

James Ashley

Name of Contact Person

St. Lucie Canes Inc.

Firm/Company

5458 NW Boydga Ave

Address

Port St. Lucie FL 34986

City/State and Zip Code

icbookkeeping@hotmail.com

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

For further information concerning this matter, please call:

Evelinda Flores

Name of Contact Person

at (712) 460-6786

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 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

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:

2023 APR - 5 AM 10:10

FIRST: The name of the corporation is St. Lucie Canees

SECRETARY OF STATE
FLORIDA

SECOND: The document number of the corporation (if known) is N2200006716

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 3-17-2023.
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 3-17-2023.

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 James Ashley
(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 James Ashley

Title President

FILING FEE \$35

FILED
Jan 26, 2023
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:
ST. LUCIE CANES INC
- SECOND: The document number of the corporation: N22000006716
- 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 December 27, 2022.
The number of directors in office was 3 and the vote for resolution was
3 for and 0 against.
- FOURTH: Effective date of dissolution: January 26, 2023

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: JAMIE SPOONER PRESIDENT

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