

N98000001756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

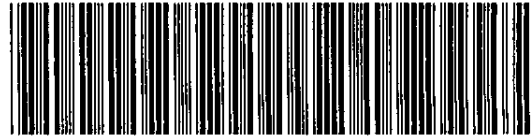
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 JUL 27 AM 11:48  
MILWAUKEE, WI 53202

*Ret of Diss  
XWS*

JUL 27 2012  
C. MUSTAIN

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** Cafe of Life, Inc

**DOCUMENT NUMBER:** N98000001756

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

Please return all correspondence concerning this matter to the following:

**William Schweikhardt**

Name of Contact Person

Firm/Company

**468 Devils LN**

Address

**Naples, FL 34103**

City/State and Zip Code

**ripbala@comcast.net**

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

For further information concerning this matter, please call:

**William Schweikhardt**

Name of Contact Person

at ( **239** ) **404-3308**

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:

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12 JUL 27 AM 11:48  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is Cafe of Life, Inc.

SECOND: The document number of the corporation (if known) is N98000001756

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is June 5, 2012

FOURTH: The revocation of dissolution was authorized on June 14, 2012

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 12 and the vote for the resolution was 12 for and 0 against.

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

Signature Marietta C. Bala  
(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: Marietta Bala

Title: Chair of the Board and President

**FILING FEE \$35**

**FILED**  
**Jun 05, 2012**  
**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:  
**CAFE OF LIFE, INC.**

**SECOND:** The document number of the corporation: **N98000001756**

**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 **June 4, 2012.**  
The number of directors in office was **3** and the vote for resolution was **2 for and 0 against.**

**FOURTH:** Effective date of dissolution: **June 5, 2012**

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: **DALE C WALKER**

**DIRECTOR**

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