P0000058618

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100276843301

09/14/15--01025--004 **43.75

15 001 -6 PH 12: 12

Rev. Diss.

OCT 09 2015

K. White



September 18, 2015

MAISHA KEYEL WINDOW DOCTOR SPECIALISTS, INC. 7966 SW JACK JAMES DRIVE STUART, FL 34997 US

SUBJECT: WINDOW DOCTOR SPECIALISTS, INC.

Ref. Number: P00000058618

We have received your document for WINDOW DOCTOR SPECIALISTS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There revocation of dissoultion date cannot be before the effective/file date of 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.

Tina D Cannon Regulatory Specialist II

Letter Number: 015A00019784



COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Windo	w Doctor	Specialists, Inc
DOCUMENT NUMBER: POCOCO	058618	
The enclosed Articles of Revocation of Dissoluti	on and fee are submitted f	or filing.
Please return all correspondence concerning this	matter to the following:	
masha hegel	ontact Person	
Window Doctor	Specialists,	JnC.
7966 SLO Pack (James Dri	Le
Sturt, EL 3490 City/State	引入 and Zip Code	
Coindondoctor 1 & E-mail address: (to be used for	bell 800th. future annual report notification	net.
For further information concerning this matter, pl	ease call:	
Marke of Contact Person	At (772) 26 Area Code & Daytim	3-6844, e 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:	Street Address:	

Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida 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: Lindow Dictor
Spec	iziists, Inc.
SECOND:	The document number of the corporation (if known) is Pooooo. 58618
ГН IRD :	The effective date (or file date, if no effective date) of the Articles of Dissolution
	filed with the Florida Department of State is 9/4/2015. 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 $9/4/20/5$.
FIFTH:	Adoption of Revocation of Dissolution (check one)
	 The board of directors revoked the dissolution. The incorporators revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization. The shareholders revoked the dissolution and the number of votes cast was sufficient for approval. The shareholders revoked the dissolution by voting groups - the number of votes cast by
	was sufficient for approval.
SIXTH:	A copy of the Articles of Dissolution is attached. Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Sep 04, 2015 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST:

The name of the corporation as currently filed with the Florida Department of State:

WINDOW DOCTOR SPECIALISTS, INC.

SECOND:

The document number of the corporation: P00000058618

THIRD:

The file date of the articles of incorporation: June 12, 2000

FOURTH:

None of the corporation's shares have been issued.

FIFTH:

No debt of the corporation remains unpaid.

SIXTH:

The net assets of the corporation remaining after winding up have been distributed to

the shareholders, if shares were issued.

SEVENTH:

A majority of the incorporators authorized the dissolution.

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: MARSHA KEGEL

PRESIDENT

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

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607,1407, F.S.

Name of Corporation:

WINDOW DOCTOR SPECIALISTS, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

VOLUNTARY DISSOLUTION FOUND ANOTHER CAREER. ALL ASSETS HAVE BEEN SOLD AS OF FEBRUARY 20, 2015. THE DATE SPECIFIED OF DISSOLUTION OF WINDOW DOCTOR SPECIALISTS, INC. IS NOVEMBER 1, 2015

Mailing address where claims can be sent:

2700 PGA BLVO. 201-B PALM BEACH GARDENS, FL 33410

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

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: MARSHA KEGEL

Electronic Signature of the Person Filing