

P01000082285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

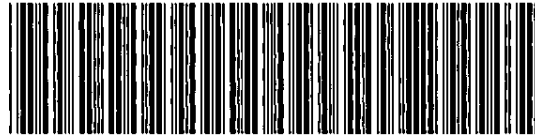
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900219532879

06/12/12--01005--017 **35.00

FILED

12 JUN -8 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Voldis

JUN 12 2012
Voldis
T. LEWIS

JUN 13 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REVEAL Inc

DOCUMENT NUMBER: P01000082285

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

Please return all correspondence concerning this matter to the following:

ROBERT EDWARD VEAL
(Name of Contact Person)

REVEAL Inc
(Firm/Company)

Po Box 600260
(Address)

ST. JOHNS FL. 32260
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT E VEAL at (904) 230-2742
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
DIVISION OF CORPORATIONS
JAN 19 2012
TALLAHASSEE, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2012

ROBERT VEAL *3rd MAILING
REVEAL INC.
PO BOX 600260
JACKSONVILLE, FL 32259

SUBJECT: REVEAL, INC.
Ref. Number: P01000082285

We have received your document for REVEAL, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

A DISSOLUTION FOR A LLC WAS SUBMITTED. THE ENTITY WITH ROBERT VEAL IN IT IS REVEAL, INC., A FLORIDA CORPORATION.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Karen Gibson
Document Specialist Supervisor

Letter Number: 312A00011451



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2012

ROBERT VEAL *2ND MAILING
REVEAL INC.
PO BOX 600260
JACKSONVILLE, FL 32260

SUBJECT: REVEAL, INC.
Ref. Number: P01000082285

We have received your document for REVEAL, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

A DISSOLUTION FOR A LLC WAS SUBMITTED. THE ENTITY WITH ROBERT VEAL IN IT IS REVEAL, INC., A FLORIDA CORPORATION.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Karen Gibson
Document Specialist Supervisor

Letter Number: 312A00011451



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2012

ROBERT VEAL
REVEAL INC.
PO BOX 600260
JACKSONVILLE, FL 32260

SUBJECT: REVEAL, INC.
Ref. Number: P01000082285

We have received your document for REVEAL, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

AN AMENDMENT FOR A LLC WAS SUBMITTED. THE ENTITY WITH ROBERT VEAL IN IT IS REVEAL, INC., A FLORIDA CORPORATION.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Karen Gibson
Document Specialist Supervisor

Letter Number: 312A00011451

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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

REVEAL, Inc.

SECOND: The document number of the corporation (if known): PO100008228

THIRD: The date dissolution was authorized: 2-12-2011

Effective date of dissolution if applicable: 12-31-2011
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)


☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

ROBERT EDWARD VEAL

(Typed or printed name of person signing)

MANAGER DIRECTOR

(Title of person signing)

Filing Fee: \$35

FILED
12 JUN -8 PM 1:47
STATE OF FLORIDA
TALLAHASSEE