

PO1000099157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

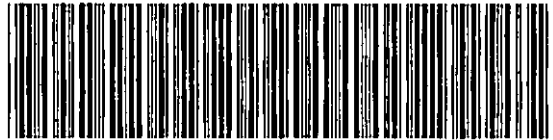
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/16/18--01031--024 **35.00

FILED

MAY 14 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

rev. Diss

R. WHITE

MAY 15 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Aimberton Mortgage Services, Inc

DOCUMENT NUMBER: P01000099157

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

Please return all correspondence concerning this matter to the following:

Paul D. Krause

Name of Contact Person

Aimberton Mortgage Services, Inc.

Firm/Company

105 Florida Blvd.

Address

Merritt Island, FL 32953

City/State and Zip Code

mtgmanams@gmail.com

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

For further information concerning this matter, please call:

Paul D. Krause

At (423) 948-3639

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2018

PAUL D KRAUSE
105 FLORIDA BLVD
MERRITT ISLAND, FL 32953

SUBJECT: AIMBERTON MORTGAGE SERVICES, INC.
Ref. Number: P01000099157

We have received your document for AIMBERTON MORTGAGE SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The revocation of dissolution must be adopted in the same manner as the articles of 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.

Rebekah White
Regulatory Specialist II

Letter Number: 218A00007892

RECEIVED
18 MAY 14 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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: Aimberton Mortgage Services, Inc.

SECOND: The document number of the corporation (if known) is P01000099157

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 12/21/2017.

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 02/10/2018

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.
- ☐ The incorporators revoked the dissolution.
- ☐ The board of directors 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.
(Voting group)

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)

Paul D. Krause

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

FILED
MAY 14 PM 2:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF DISSOLUTION

Signature: PAUL KRAUSE PRESIDENT
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative