

PO2000093650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

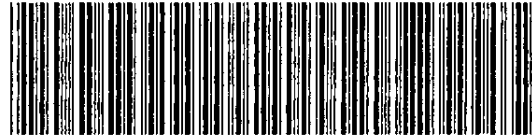
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



500198105845

03/18/11--01014--013 **35.00

04/25/11--01026--003 **8.75

VD

FILED
11 APR 22 PM 5:00
TALLAHASSEE, FLORIDA

TR 4/25/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2011

ROBERT R. LANDIS
P O BOX 20007
ST PETERSBURG, FL 33742-0007

Old

SUBJECT: W.C.L. COOL TREATS, INC.
Ref. Number: P02000093650

We have received your document for W.C.L. COOL TREATS, 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):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 111A00006883

RECEIVED
11 APR 22 4:18 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robert R. Landis
P O Box 20007
St Petersburg FL 33742-0007
Cell: 727-244-8921

April 19, 2011

Ms. Tina Roberts
Regulatory Specialist II
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Re: WCL Cool Treats, Inc
Ref. # P02000093650 Letter # 111A00006883

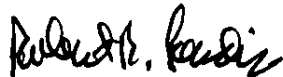
Dear Ms. Roberts:

Thank you for your letter of March 22, 2011 with enclosures.

We have completed the forms as requested and are returning everything to you.

We also are attaching our check in the amount of \$8.75, for a certified copy of the Articles of Revocation of Dissolution.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert R. Landis", written in a cursive style.

Robert R. Landis

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: PO2000093650

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

Please return all correspondence concerning this matter to the following:

Robert R. Landis
(Name of Contact Person)

WCL Cool Treats, Inc.
(Firm/Company)

PO Box 20007
(Address)

St. Petersburg FL 33742-0007
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert R. Landis at (727) 244-8921
(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)
- you have already cashed our check*

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 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:

WCL Cool Treats Inc.

SECOND: The document number of the corporation (if known): P02000093650

THIRD: The date dissolution was authorized: 3-14-11

Effective date of dissolution if applicable: 3-14-11
(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 R. Landis

(Typed or printed name of person signing)

President (PSD)

(Title of person signing)

Filing Fee: \$35

FILED
11 APR 22 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: WCL Cool Treats, 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:

No Claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Robert R. Landis
PO Box 20007
St. Petersburg FL 33742-0007

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.

Robert R. Landis

Printed Name of the Person Filing

Robert R. Landis

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00