POBUCUSURG.

(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:	
active Corp rev. Dis	

Office Use Only



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FEB 1 8 2016

K. WHITE

TO FEB 18 PH 9: 38

COVER LETTER

TO: Amendment Section '

Division of Corporations		
NAME OF CORPORATION: American Bookkeeping Services	Inc	
DOCUMENT NUMBER: PO 30000 30 483		
The enclosed Articles of Revocation of Dissolution and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the following:		
ANNA C Eskin		
Name of Contact Person		
AMERICAN BOOKKEEping Services IN	<u>C</u> .	
FittivCompany		
1310 40th Ave		
Address		
Vero Beach FL 32960 City/State and Zip Code ACE TAX @ 20L. Com		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification	n)	
For further information concerning this matter, please call:		
Anna C. Eskin A1 (772) 799		
Name of Contact Person Area Code & Daytime Enclosed is a check for the following amount:	1 ejepnone Number	
2.10.00000 10 10 0.1001 1011 1011 10110 11110 11111		
\$35 Filing Fee \$\Bigcup \$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	
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Cen	iter Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2016

ANNA C ESKIN 1310 40TH AVE VERO BEACH, FL 32960

SUBJECT: AMERICAN BOOKKEEPING SERVICES, INC.

Ref. Number: P03000030483

We have received your document for AMERICAN BOOKKEEPING 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 above referenced entity is an active corporation. The revocation of dissolution can only be filed for voluntarily dissolved entities that wish to become active. If it was your intent to voluntarily dissolve this corporation, please find enclosed and complete 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: 516A00002634

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COVER LETTER

TO: Amendment Section

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:	
	American book teeping sentices In	
SECOND:	The document number of the corporation (if known): P03000030483	
THIRD:	The date dissolution was authorized: 12-31-2019	
	Effective date of dissolution if applicable: 12-31-2015	
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi not be listed as the document's effective date on the Department of State's records.	11
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	·~
	ANNA C SSKIN	*
	(voting group) ORIGINATION OR	
\$		
	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)	
	FNNA CESKIN	
	(Typed or printed name of person signing)	
	lesident	
	(Title of person signing)	

Filing Fee: \$35

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