

P03000092589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

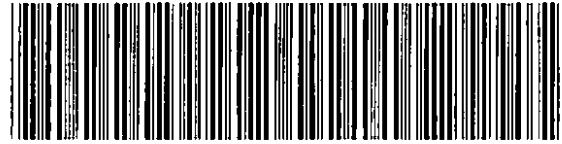
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Revocation

Office Use Only



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S. CHATHAM
OCT 20 2023

10/16/2023 10:02:51 AM

27 OCT 16 PM 2:51

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: J.M.C. WHOLESALE INC

DOCUMENT NUMBER: P03000092589

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

Please return all correspondence concerning this matter to the following:

Christine M. Fry
Name of Contact Person

J.M.C. Wholesale Inc.
Firm/Company

20423 State Rd. 7 Suite F6-138
Address

Boca Raton, FL 33498
City/State and Zip Code

JMCWHOLESALE@AOL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Fry At (561) 699-9503
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: J.M.C. WHOLESALE INC.

SECOND: The document number of the corporation (if known) is P03000092599.

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is July 5, 2023.

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 Oct. 11, 2023.

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors/incorporation 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 was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature

Christine M. Fry

(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)

Christine M. Fry

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE \$35

2023 OCT 16 PM 2:51

FILED
Jul 05, 2023
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:
J.M.C. WHOLESALE INC.
- SECOND: The document number of the corporation: P03000092589
- THIRD: The date dissolution was authorized: July 5, 2023
Effective date of dissolution: July 5, 2023
- FOURTH: Dissolution was approved by the shareholders in the manner required by this chapter
and by Articles of Incorporation.

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: CHRISTINE M FRY VP

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