

PD3000134181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

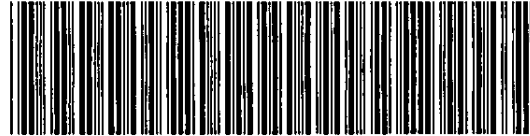
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

120 DAYS HAS LAPSED DCC 10/23/2015

Office Use Only



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15 JUL 29 AM 4:37  
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TALLAHASSEE, FLORIDA  
VOID

REV. DIS.

JUL 30 2015

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**FILED IN ERROR**

**NAME OF CORPORATION:** DON CASON, INC.

**DOCUMENT NUMBER:** P03000134684

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

Please return all correspondence concerning this matter to the following:

JAYNE SMITH

Name of Contact Person

SMITH ASSOCIATES

Firm/Company

5991 CHESTER AVENUE, #213

Address

JACKSONVILLE, FLORIDA 32217

City/State and Zip Code

SMITHASSOCIATES2@aol.com

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

For further information concerning this matter, please call:

JAYNE SMITH

Name of Contact Person

At ( 904 ) 731-5530

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

## 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: DON CASON, INC. **FILED IN ERROR**

SECOND: The document number of the corporation (if known) is P03000134684.

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

filed with the Florida Department of State is FEBRUARY 19, 2015.

**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 JULY 22, 2015.

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)

DONALD W CASON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FLORIDA  
VOID

FILING FEE \$35

FILED  
Feb 19, 2015  
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:  
DON CASON, INC.
- SECOND: The document number of the corporation: P03000134684
- THIRD: The date dissolution was authorized: December 31, 2014
- FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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: DONALD CASON PRESIDENT  
\_\_\_\_\_  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED  
Feb 19, 2015  
Secretary of State

## 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.

Name of Corporation:

DON CASON, 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 LONGER PROFORMING SERVICES IN STATE OF FLORIDA AS CORPORATION CLOSED BUSINESS.

Mailing address where claims can be sent:

3005 CESARY BLVD.  
JACKSONVILLE, FL 32277

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.

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: DONALD CASON

\_\_\_\_\_  
Electronic Signature of the Person Filing

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034B (1/11)

<b>DOCUMENT #</b>	<b>1. Entity Name</b>	<b>P03000134684</b>	
<b>DON CASON, INC.</b>			

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
<b>3005 CESERY BLVD.</b>		<b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>JACKSONVILLE, FL</b>			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
<b>32277</b>			

<b>4. FEI Number</b>	<b>Applied For</b>
<b>54-2133243</b>	<input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b>	
	<b>DONALD W. CASON</b>	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
		<b>3005 CESERY BLVD.</b>
		<b>City</b>
		<b>JACKSONVILLE</b>
		<b>FL</b>
		<b>Zip Code</b>
		<b>32277</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Donald W. Cason DONALD CASON, PRESIDENT 7/22/2015  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

January 1 - May 1 Fee is \$160.00  
 After May 1, Fee is \$560.00  
 Amended AR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

E-mail Address: smithassociates2@aol.com  
 E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>PRESIDENT</b>
<b>NAME</b>	<b>DONALD W. CASON</b>
<b>STREET ADDRESS</b>	<b>3005 CESERY BLVD.</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE, FL 32277</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: Donald W. Cason 7/22/2015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #