

P03000143394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

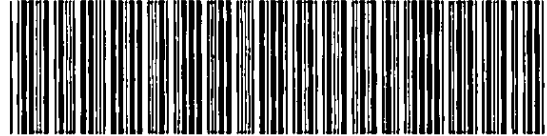
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/17/18 -00011--012 \$443.75

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2018 JUN -4 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

JUN -5 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Dewbusters, Inc.

DOCUMENT NUMBER: PO3000143394

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

Please return all correspondence concerning this matter to the following:

Thomas A. Potzer

Name of Contact Person

Dewbusters, Inc.

Firm/Company

169 Day Dr.

Address

Sebastian, Florida 32958

City/State and Zip Code

t.potzer@aol.com

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

For further information concerning this matter, please call:

Thomas A. Potzer

Name of Contact Person

At (772) 589-3196

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

May 21, 2018

THOMAS A. POTZER
169 DAY DRIVE
SEBASTIAN, FL 32958

SUBJECT: DEW BUSTERS, INC.
Ref. Number: P03000143394

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Our records reflects the date of dissolution as April 12, 2018

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 818A00010581

RECEIVED
18 JUN -4 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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: Dewbusters, Inc.

SECOND: The document number of the corporation (if known) is PO3000143394

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

filed with the Florida Department of State is 5-14-18

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 4-12-18


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

President 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)

Thomas A. Potzer
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE \$35

FILED
2018 JUN -4 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
Apr 12, 2018
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
DEW BUSTERS, INC.
- SECOND: The document number of the corporation: P03000143394
- THIRD: The file date of the articles of incorporation: November 24, 2003
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the directors authorized the dissolution.

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: THOMAS A POTZER OWNER

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

FILED
Apr 12, 2018
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:

DEW BUSTERS, 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:

CLEANING-PRESSURE WASHING

Mailing address where claims can be sent:

169 DAY DRIVE
SEBASTIAN, FL 32958

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: THOMAS A POTZER

Electronic Signature of the Person Filing