_____
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)
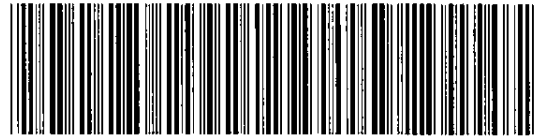
☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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JUL 11 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FERNANDEZ ACCOUNTING & TAX SERVICES INC

DOCUMENT NUMBER: P04000063485

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

Please return all correspondence concerning this matter to the following:

ARISTIDES FERNANDEZ
_____
Name of Contact Person

FERNANDEZ ACCOUNTING & TAX SERVICES INC
_____
Firm Company

1770 W FLAGLER ST STE 2
_____
Address

MIAMI FL 33135
_____
City State and Zip Code

ARISTIDESFE@HOTMAIL.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARISTIDES FERNANDEZ   305   298 6579
_____ At (_____) _____
Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ $35 Filing Fee   ❑ $43.75 Filing Fee &   ❑ $43.75 Filing Fee &   ❑ $52.50 Filing Fee,
     Certificate of Status   Certified Copy   Certificate of Status &
     (Additional copy is   Certified Copy
     enclosed)   (Additional copy is enclosed)

Mailing Address: **Street Address:**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   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: FERNANDEZ ACCOUNTING & TAX SERVICES INC

SECOND: The document number of the corporation (if known) is P04000063485.

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 06/07/2017.

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 06/30/2017.

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)

ARISTIDES FERNANDEZ
_____
(Typed or printed name of person signing)

PRESIDENT
_____
(Title of person signing)

FILING FEE $35

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:

FERNANDEZ ACCOUNTING & TAX SERVICES, INC.

SECOND: The document number of the corporation: P04000063485

THIRD: The date dissolution was authorized: June 6, 2017

Effective date of dissolution: June 7, 2017

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: HILDA M PEREZ   DIRECTOR

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