

PO4000110/68

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

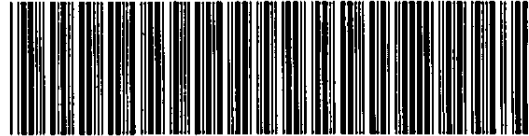
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/11/16--01027--006 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR 11 AM 8:38

FILED

APR 13 2016
C. CARROTHERS

April 7th 2016

To Whom It May Concern:

On January 6th 2016 I voluntarily dissolved my company Credit Assistance Network.

I would like to revoke the dissolution and reactivate the company through Sunbiz.org. Speaking with your office I was advised I have 120 days to revoke authorization. As of today it has been 94 days. I am sending this package via priority mail which should arrive by April 8th 2016.

Attachments:

- 1) Copy of the dissolution documents.
- 2) Check in the amount of \$35.
- 3) Cover letter completed.

Please let me know if there is anything else I need to do.

If not, please contact me by mail, phone or email to confirm.

Thank you for your assistance in this matter.

Sincerely,

Corey Gray
(561) 452-5307
Corey@GrayCorey.com

Mailing Address:

Credit Assistance Network Inc.
7777 Glades Road #100
Boca Raton, FL 33434

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Credit Assistance Network Inc.

DOCUMENT NUMBER: P04000110168

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

Please return all correspondence concerning this matter to the following:

Corey Gray

Name of Contact Person

Credit Assistance Network Inc.

Firm/Company

7777 Glades Rd #100

Address

Boca Raton, FL 33434

City/State and Zip Code

COREY@GRAYCOREY.COM

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

For further information concerning this matter, please call:

Corey Gray

Name of Contact Person

At (561) 452 5307

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

FILED
Jan 06, 2016
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:
CREDIT ASSISTANCE NETWORK INC.
- SECOND:** The document number of the corporation: P04000110168
- THIRD:** The file date of the articles of incorporation: July 27, 2004
- FOURTH:** None of the corporation's shares have been issued.
The corporation has not commenced business.
- 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 incorporators 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: COREY GRAY OWNER

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

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:

CREDIT ASSISTANCE NETWORK 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:

COMPANY IS NO LONGER IN BUSINESS.

Mailing address where claims can be sent:

7777 GLADES ROAD
#100
BOCA RATON, FL 33434

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: COREY GRAY

Electronic Signature of the Person Filing