# P05000080293

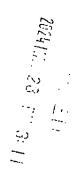
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE JUL 10 2024

Office Use Only



400430421974

95/28/24--01007--001 ••35.00



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Angeloni Tax Ad	dvisory Group Inc.
P05000080293	
The enclosed Articles of Revocation of Dissolu	ation and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Howard C Angeloni Jr	
Name of	Contact Person
Firm	n/Company
4902 C P KEEN RD	
	Address
PLANT CITY	
City/Star ATAXADVISORY@YAHOO.COM	te and Zip Code
E-mail address: (to be used f	for future annual report notification)
For further information concerning this matter,	please call;
HOWARD C ANGELONI JR	At () 451-4700
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
S35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certifieate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	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:  ANGELONI TAX ADVISORY GROUP INC.	″ `` '{^}; '⊋
SECOND:	The document number of the corporation (if known) is	
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution	
	filed with the Florida Department of State is  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	ite 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	*
FIFTH:	Adoption of Revocation of Dissolution (check one)	
	<ul> <li>The board of directors/incorporation revoked the dissolution.</li> <li>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.</li> <li>The shareholders revoked the dissolution and was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.</li> </ul>	he
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 of in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)  HOWARD C ANGELONI JR  (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

**FILING FEE \$35** 

# FILED Feb 05, 2024 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:

ANGELONI TAX ADVISORY GROUP INC.

SECOND:

The document number of the corporation: P05000080293

THIRD:

The file date of the articles of incorporation: June 3, 2005

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, if any, have been distributed.

SEVENTH:

A majority of the incorporators or 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: HOWARD C ANGELONI JR

PRESIDENT

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