

P05000112349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

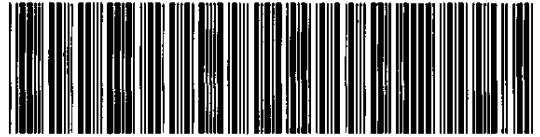
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000155949890

du

05/18/09--01012--019 **35.00

FILED
2009 JUN 16 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 04522, 00671

ASR
6/17/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DEL VALLE INSURANCE, CORP.

DOCUMENT NUMBER: P05000112349

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

Please return all correspondence concerning this matter to the following:

NURIA DEL VALLE
(Name of Contact Person)

DEL VALLE INSURANCE, CORP.
(Firm/Company)

12401 SW 134TH CT #9
(Address)

MIAMI, FL 33186
(City/State and Zip Code)

For further information concerning this matter, please call:

NURIA DEL VALLE at (305) 510-0071
(Name of Contact Person) (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 22, 2009

Nuria Del Valle
Del Valle Insurance Corp.
12401 SW 134th Ct. #9
Miami, FL 33186

SUBJECT: DEL VALLE INSURANCE, CORP.
Ref. Number: P05000112349

We have received your document for DEL VALLE INSURANCE, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 809A00017540

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 16 AM 8:00

RECEIVED

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
2009 JUN 16 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State
DEL VALLE INSURANCE, CORP.

SECOND: The document number of the corporation (if known): PD5000112349

THIRD: The date dissolution was authorized: 05/14/2009
Effective date of dissolution if applicable: 05/14/2009
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: Nuria del Valle

(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)

NURIA DEL VALLE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: DEL VALLE INSURANCE, CORP.

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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

12401 SW 134th CT #9
MIAMI, FL 33186

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.

NURIA DEL VALLE
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00