

P05000126428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

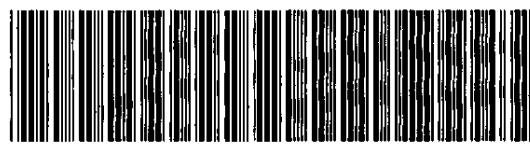
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 26 AM 11:54

Revoc.
of. Diss
C.COULLIETTE

OCT 28 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALQUA BAY (a.s. SCHE)
DOCUMENT NUMBER: 105003 126428

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

Please return all correspondence concerning this matter to the following:

Taco DESOUR

Name of Contact Person

Firm/Company

120 Benulay Dr. #03

Address

Destin PL 32541

City/State and Zip Code

TACO6ENDESOUR@POL.COM

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

For further information concerning this matter, please call:

Taco

Name of Contact Person

850 461 5013

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

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 AQUA BAY INSURANCE
SERVICES INC.

SECOND: The document number of the corporation (if known) is POS000126428

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 10.21.10

FOURTH: The Revocation of Dissolution was authorized on 10.21.10.

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)

CHAD H. DE SOUZA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

10 OCT 26 AM 11:54
RECEIVED
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DIVISION OF CORPORATIONS

FILING FEE \$35

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

AQUA BAY INSURANCE SERVICES, INC.

SECOND: The document number of the corporation (if known): P05000126428

THIRD: The file date of the articles of incorporation: 09/13/2005

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

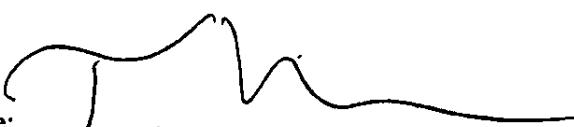
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

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.)

TIAGO DE SOUZA

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

10 OCT 21 PM 1:26
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SECRETARY OF STATE
VISION OF CORPORATION

Filing Fee: \$35