

PO6000002098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

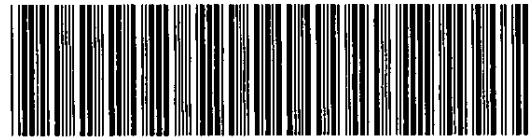
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/20/12--01022--024 **185.00

RECEIVED
DIVISION OF CORPORATIONS
12 AUG - 1 AM 9:27

Rev of DIS
@ 8/1/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SHERRI HENSCHKE P.A.

DOCUMENT NUMBER: P06000020928

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

Please return all correspondence concerning this matter to the following:

M GIRNUN

Name of Contact Person

ACCU-TAX & ACCOUNTING SERVICES LLC

Firm/Company

P.O.BOX 5032

Address

DEERFIELD BEACH FL 33442

City/State and Zip Code

KIJORO@AOL.COM

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

For further information concerning this matter, please call:

M GIRNUN

Name of Contact Person

At (954) 7012742

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

July 23, 2012

M. GIRNUN
ACCU-TAX & ACCOUNTING SERVICES, LLC
P.O. BOX 5032
DEERFIELD BEACH, FL 33441

SUBJECT: SHERRI HENSCHKE, P.A.
Ref. Number: P06000020928

We have received your document for SHERRI HENSCHKE, P.A. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to submit the 2012 annual report.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 612A00019345

2012 AUG -1 AM 11:37

TO AGENCY OF FILING

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 SHERRI HENSCHKE P.A.

SECOND: The document number of the corporation (if known) is P06000020928

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is MARCH 3RD 2012

FOURTH: The Revocation of Dissolution was authorized on JULY 19TH 2012


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)

SHERRI HENSCHKE

(Typed or printed name of person signing)

DIRECTOR/SHAREHOLDER

(Title of person signing)

12 AUG - 1 AM 9:27
DIVISION OF CORPORATE REGISTRATION

FILING FEE \$35

FILED
Mar 23, 2012
Secretary of State

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:
SHERRI HENSCHKE, P.A.
- SECOND:** The document number of the corporation: P06000020928
- THIRD:** The date dissolution was authorized: January 1, 2012
Effective date of dissolution: March 23, 2012
- 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: SHERRI HENSCHKE

PRESIDENT

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

FILED
Mar 23, 2012
Secretary of State

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:

SHERRI HENSCHKE, P.A.

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:

NO BUSINESS

Mailing address where claims can be sent:

2255 BETHEL BLVD
BOCA RATON, FL 33486

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: SHERRI HENSCHKE

Electronic Signature of the Person Filing