

PO6000069589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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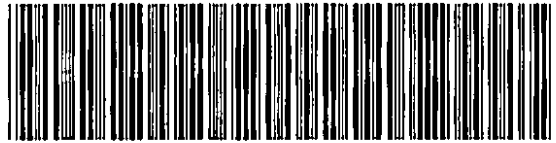
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAR 24 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FL

cf 4/10/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Saint Francis Botanica and Supply
DOCUMENT NUMBER: PO6000069589

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

Please return all correspondence concerning this matter to the following:

Maria Victoria Silveira
Name of Contact Person

Botanica Saint Francis
Firm/Company

3168 Bill Beck Blvd Kissimmee FL 3474
Address

Silveira-vicky83@yahoo.it
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria V. Silveira At (407) 668 2671
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
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: Saint Francis Botanica
Supply, inc

SECOND: The document number of the corporation (if known) is P06000069589

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 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 March 1 2022

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors/incorporation 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 was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

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)

MARIA VICTORIA SILVEIRA

(Typed or printed name of person signing)

OFFICER

(Title of person signing)

FILING FEE \$35

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2022 MAR 24 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
Mar 01, 2022
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:
SAINT FRANCIS BOTANICA & SUPPLY, INC.
- SECOND:** The document number of the corporation: P06000069589
- THIRD:** The date dissolution was authorized: March 1, 2022
Effective date of dissolution: March 1, 2022
- FOURTH:** Dissolution was approved by the shareholders in the manner required by this chapter and by Articles of Incorporation.

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: MARIA VICTORIA SILVEIRA OFFICER

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