

PO6000104509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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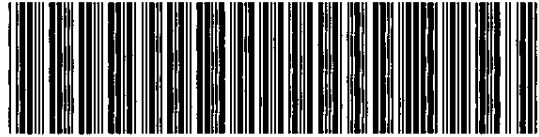
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/12/09--01012--010 **35.00

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2009 JAN 12 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Revocation of Dissolution

TB

1-16-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INMIGRATION AND TAX SERVICE INC

DOCUMENT NUMBER: P06000104509

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

Please return all correspondence concerning this matter to the following:

ZAIRIS CRUZ

(Name of Contact Person)

INMIGRATION AND TAX SERVICE INC

(Firm/Company)

3118 W 76TH ST

(Address)

HIALEAH, FL 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

ZAIRIS CRUZ

(Name of Contact Person)

at (305) 821-7757

(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 617.1404, Florida Statutes, this Florida not for 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 INMIGRATION AND TAX SERVICE INC

SECOND: The document number of the corporation (if known) is 205359523


THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 12/29/2008

FOURTH: The revocation of dissolution was authorized on 1/5/2009

FIFTH: Adoption of revocation of dissolution (check one)

- ☒ The board of directors revoked the dissolution authorized by the members and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☐ The members revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.
- ☐ The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors. The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature 
(By the chairman or vice chairman of the board, president or other officer, or by an incorporator, or trustee if applicable)

Typed or Printed Name ZAIRIS CRUZ

Title PRESIDENT

FILING FEE \$35

2009 JAN 12 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

IMMIGRATION AND TAX SERVICE INC.

SECOND: The document number of the corporation (if known): P06000104509

THIRD: The file date of the articles of incorporation: 08/10/2006

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.)

CARIDAD Y. SUAREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 DEC 29 PM 3:49

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