

P06000139563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

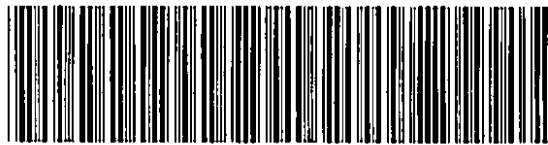
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900410716729

revocation of
dissolution

FILED

2023 JUN 23 PM 12 17

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 JUN 23 AM 3:00

CLERK OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

JUN 26 2023

FLORIDA CAPITAL CQURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160:\$ 43.75

Authorization Signature: _____

Galati's Restaurant, Inc. _____ P06000139563

Business

DOC#

_____ Certified Copy

_____ Certificate of Status

NEW FILINGS

- _____ Profit Corp
- _____ Not for Profit
- _____ Officer/Director
- _____ Limited Liability
- _____ Domestication
- _____ Other
- _____ **CORP**
- _____ **LLLP**

OTHER FILINGS

- _____ **Trademark**
- _____ Annual Report
- _____ Fictitious Name
- _____ APOSTILL

COUNTRY

AMENDMENTS

- _____ Amendment
- _____ Resignation of R.A. or member
- _____ Dissolution
- _____ Change of Registered Agent
- ☒ _____ Revocation of Dissolution
- _____ Merger
- _____ **Conversion**
- _____ **Amended and restated Articles**
- _____ **Statement of Correction**

REGISTRATION/QUALIFICATIONS

- _____ Foreign filing
- _____ Limited Partnership
- _____ Reinstatement
- _____ Other

KAMIN1ER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GALATI'S RESTAURANT, INC

DOCUMENT NUMBER: P06000139563

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

Please return all correspondence concerning this matter to the following:

ADRIANE JACKSON

Name of Contact Person

GALATI'S RESTAURANT

Firm/Company

637 COMMERCE SOUTH

Address

SEBRING, FL 33870

City/State and Zip Code

adrianej_255@msn.com

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

For further information concerning this matter, please call:

ADRIANE JACKSON

Name of Contact Person

At (951) 275-1927

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

FILED

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:

2023 JUN 23 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: GALATTS RESTAURANT, INC

SECOND: The document number of the corporation (if known) is P06000139563

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution
filed with the Florida Department of State is 05/18/2023

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 06/15/2023

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)

ADRIANE JACKSON

(Typed or printed name of person signing)

SECRETARY-TREASURER

(Title of person signing)

FILED
May 18, 2023
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
GALATI'S RESTAURANT, INC
- SECOND:** The document number of the corporation: P06000139563
- THIRD:** The file date of the articles of incorporation: November 6, 2006
- FOURTH:** None of the corporation's shares have been issued.
- FIFTH:** No debt of the corporation remains unpaid.
- SIXTH:** The net assets of the corporation remaining after winding up, if any, have been distributed.
- SEVENTH:** A majority of the incorporators or directors authorized the dissolution.

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: DAVID R.GALATI PRESIDENT
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED
May 18, 2023
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:

GALATI'S RESTAURANT, INC

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:

MAY 18TH 2023

Mailing address where claims can be sent:

1601 BOOTH DR
SEBRING, FL 33875

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: **DAVID R,GALATI**

Electronic Signature of the Person Filing