P07000124884

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

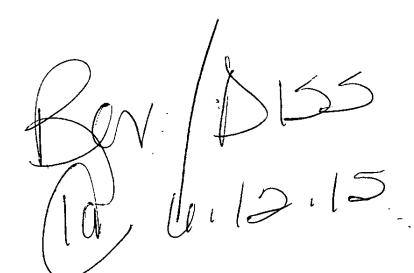




200273474652

06/04/15--01032--003 **70.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: All Claims Insura	ance Consulting, Inc.
DOCUMENT NUMBER: P07000126884	
The enclosed Articles of Revocation of Dissolut	tion and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Rosa Marrero	
Name of 0	Contact Person
All Claims Insurance Repairs, Inc.	
Firm/	/Company
320 NE 1st Avenue	
** A	.ddress
Hallandale, FL 33009	
City/State	e and Zip Code
rmarrero@allclaimsrepairs.com	
E-mail address: (to be used fo	or future annual report notification)
For further information concerning this matter, p	please call:
Rosa Marrero	954 873-6062 At ()
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	Street Address: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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: All Claims Insurance Consulting, Inc. The document number of the corporation (if known) is P07000126884			
SECOND:				
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			
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 Lev Co			
	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) Kenneth R Carman (Typed or printed name of person signing)			
	President			
	(Title of person signing)			

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:

ALL CLAIMS INSURANCE CONSULTING, INC.

SECOND:

The document number of the corporation: P07000126884

THIRD:

The file date of the articles of incorporation: November 27, 2007

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 have been distributed to

the shareholders, if shares were issued.

SEVENTH:

A majority of the 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: KENNETH CARMAN

PRESIDENT

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