

P080000023755

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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*Revocation
of Diss*

06/30/11--01002--020 **35.00

FILED
2011 JUN 28 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ASR
6/30/11*



720 S. Powerline Road, Suite D
Deerfield Beach, Florida 33442
(954) 596-2355
Fax (954) 596-0070
E-Mail: ta@reaganwireless.com
www.reaganwireless.com

Annette Ramsey
Florida Department of State
Division of Corporations
Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

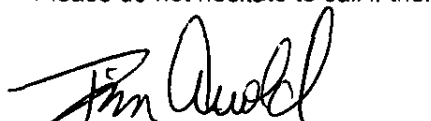
RE: REVOCATION OF DISSOLUTION – FOUR NAUGHTIES, INC. (DOC#P08000023755)

Dear Annette:

I really appreciate your help on the phone today. Please find enclosed:

1. Articles of Revocation of Dissolution for Four Naughties, Inc.
2. 2011 Annual Report for Four Naughties, Inc
3. Copy of original Articles of Dissolution filed in error.
4. 3 checks:
 - a. \$35.00 Fee to file Articles of Revocation of Dissolution
 - b. \$550.00 Fee for Annual Report
 - c. \$8.75 Fee for Certificate of Status

Please do not hesitate to call if there is anything else you need to process this urgent request.


Tim Arnold

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FOUR NAUGHTIES, INC.

DOCUMENT NUMBER: P08000023755

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

Please return all correspondence concerning this matter to the following:

TIM ARNOLD

Name of Contact Person

REAGAN WIRELESS

Firm/Company

720 S POWERLINE ROAD, SUITE D

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

ta@reaganwireless.com

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

ta@reaganwireless.com

For further information concerning this matter, please call:

Tim Arnold

Name of Contact Person

at (**954**) **596-2355 x18**

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

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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:

2011 JUN 28 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is FOUR NAUGHTIES, INC

SECOND: The document number of the corporation (if known) is P08000023755

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 02/28/2011

FOURTH: The Revocation of Dissolution was authorized on 04/21/2011

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)

DANIEL KAUFMAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

Four Naughties, Inc.

SECOND: The document number of the corporation (if known): P08000023755

THIRD: The date dissolution was authorized: 12/31/2010

Effective date of dissolution if applicable: 12/31/2010

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

Daniel Kaufman

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only


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2011 JUN 28 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (1/11)

DOCUMENT # P08000023755			
1. Entity Name Four Naughties Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business - No P.O. Box # 3390 SW 15th Street		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deerfield Beach, FL		City & State	
Zip 33442	Country USA	Zip	Country
4. FEI Number 26-2119492		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name Ian Berkowitz, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 2101 NW Corporate Blvd, Suite 107			
City Boca Raton FL Zip Code 33431			
DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when so handling)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
		E-mail Address: _____ E-mail address to be used for future annual report notices.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Sole Director Daniel Kaufman 3390 SW 15th St Deerfield Beach, FL 33442		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135 F.S.			
SIGNATURE: Daniel Kaufman		DATE 6/29/11 DAYTIME PHONE # 954 596 2355	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #