

PO# 000068240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

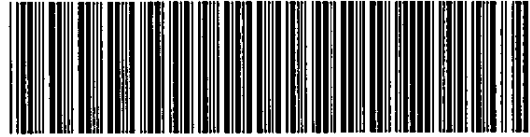
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000288469700

08/09/16--01027--007 \*\*35.00

216 AUG 19 PM 5:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 22 2016  
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2016

TESHA ALLISON  
5911 NW 173 DR., STE 15  
MIAMI LAKES, FL 33015

SUBJECT: INNOVATION WORKS INC  
Ref. Number: P08000068240

We have received your document for INNOVATION WORKS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate that the subject corporation has not filed the current year annual report. The annual report filing fee is \$150.00 plus the \$400.00 late fee. The annual report form (Voucher) must be completed and returned with the Articles of Revocation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 716A00017542

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Innovation Works Inc.  
**DOCUMENT NUMBER:** P08000068240

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

Please return all correspondence concerning this matter to the following:

Tesha Allison, Esq.  
Name of Contact Person

The LAW OFFICE OF Tesha Allison PA.  
Firm/Company

5911 NW 173 DRIVE, SUITE 15  
Address

Miami Lakes, FL 33015  
City/State and Zip Code

tesha@tapalaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tesha Allison At (305) 901-1471  
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  
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: Innovation Weeks Inc.

SECOND: The document number of the corporation (if known) is P08000068240

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is 6/22/2016

**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 8/8/2016

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)

Raul Rivero Sr.

(Typed or printed name of person signing)

President

(Title of person signing)

2016 AUG 19 PM 10:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**FILED**  
**Jun 22, 2016**  
**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:

INNOVATION WORKS 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:

PLEASE SEND CLAIMS TO THE CORPORATION ATTORNEY - TESSA ALLISON, P.A.

Mailing address where claims can be sent:

5911 NW 173 DRIVE  
15  
MIAMI LAKES, FL 33015

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: RAUL PINEIRO

Electronic Signature of the Person Filing