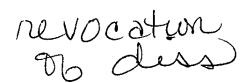
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³ <u>COVER LETTER</u>

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ALTIMATIVE BUSINESS CONSULTWGINC
DOCUMENT NUMBER:
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANTONY D FARMER. Name of Contact Person
Name of Contact Person
Firm/Company
9126 WOODLEY AVE Address
NORTH HILLS, CA 91343 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANTONY FARMER At (818) 894-0066 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \text{\$43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\sum \text{(Additional copy is enclosed)}\$\$\$ Certificate of Status & Certified Copy (Additional copy is enclosed)\$\$\$
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF REVOCATION OF DISSOLUTION

	' ' '
Pursuant to Dissolution of the Artic	section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of 3 prior to the expiration of 120 days following the effective date (or file date and effective date) es of Dissolution:
FIRST:	The name of the corporation is: ALTERNATIVE BUSINESSAUTING INC
SECOND:	The document number of the corporation (if known) is <u>\$\infty\$080\infty\$080</u>
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is
FOURTH:	The Revocation of Dissolution was authorized on DEC 14 TH 2012.
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.
SIXTH:	A copy of the Articles of Dissolution is attached.
	Signature (By a director, president or other officer of 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) ANTON D FARMER. (Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

State of Florida Department of State

I certify that the attached is a true and correct copy of the Articles of Dissolution, filed on December 13, 2012, dissolving ALTERNATIVE BUSINESS CONSULTING INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is P08000080739.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Fourteenth day of December, 2012

Secretary of State



Dec 13, 2012 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:

ALTERNATIVE BUSINESS CONSULTING INC.

SECOND:

The document number of the corporation: P08000080739

THIRD:

The file date of the articles of incorporation: September 2, 2008

FOURTH:

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:

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: FARMER, ANTONY D

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