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P09000032903

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

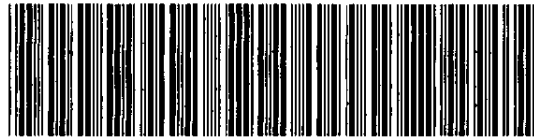
Certified Copies _____

Certificates of Status _____

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JN 12/21/09

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Ferry Dine

FILED
09 DEC 18 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Roberts DEC 23 2009

PLEASE NOTE THE FOLLOWING:

THE ENCLOSED ARTICLES OF REVOCATION OF DISSOLUTION
DOES NOT HAVE THE COPY OF THE ARTICLES OF DISSOLUTION
BECAUSE IT HAS NOT BEEN PROCESSED AND SHOWN ON THE
INFORMATION OF THE CORPORATION.

WE RESPECTFULLY REQUEST A COPY BE ATTACHED FROM THE
CORPORATE FILE DOCUMENT NUMBER P09000032903 UPON
RECEIPT OF THIS ARTICLES OF REVOCATION OF DISSOLUTION.

THANK YOU, IN ADVANCE, FOR THIS COURTESY.

4 ALL SEASONS, INC

BY:



KRISTINA L. CAMPBELL, INCORPORATOR, DST/CEO

DATE: 12/16/09

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: 4 ALL SEASONS, INC.

DOCUMENT NUMBER: P09000032903

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

Please return all correspondence concerning this matter to the following:

KRISTINA L. CAMPBELL

Name of Contact Person

4 ALL SEASONS, INC.

Firm/Company

10719 LAKE RALPH DRIVE

Address

CLERMONT, FL 34711

City/State and Zip Code

KLSCAMPBELL777@GMAIL.COM

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

For further information concerning this matter, please call:

KRISTINA L. CAMPBELL at (352) 217.3743
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 4 ALL SEASONS, INC.

SECOND: The document number of the corporation (if known) is P09000032903

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is DECEMBER 09. 2009

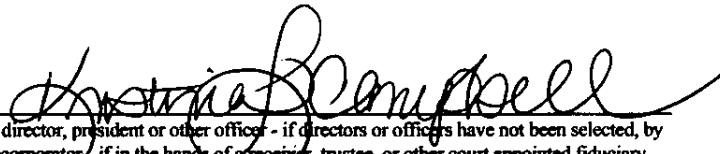
FOURTH: The Revocation of Dissolution was authorized on DECEMBER 16. 2009

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)

KRISTINA L. CAMPBELL

(Typed or printed name of person signing)

INCORPORATOR, DST/CEO

(Title of person signing)

FILING FEE \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

4 All Seasons, Inc.

SECOND: The document number of the corporation (if known): P09000032903

THIRD: The file date of the articles of incorporation: 04/13/2009

FOURTH: (CHECK AT LEAST ONE BOX)

☒ 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: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: Melinda J. Gill

(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.)

Melinda J. Gill

(Typed or printed name of person signing)

Director

(Title of Person Signing)

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09 DEC -9 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35