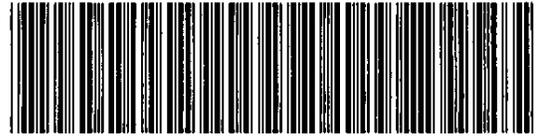


PO91000068187



800248518368

(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

Rev. Diss

JUN 17 2013

R. WHITE

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DEPARTMENT OF STATE
19 JUN 17 AM 10:48

FILED
19 JUN 17 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 689845 4323109
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 185.00

ORDER DATE : June 14, 2013
ORDER TIME : 9:10 AM
ORDER NO. : 689845-005
CUSTOMER NO: 4323109

DOMESTIC FILINGS

NAME: ANNIE & IGOE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS _____

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: ANNIE & IGOE, INC.

SECOND: The document number of the corporation (if known) is P09000068187

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 05/09/2013

FOURTH: The Revocation of Dissolution was authorized on 06/13/2013

FIFTH: Adoption of Revocation of Dissolution (check one)

- checkboxes for: 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 [Voting group] was sufficient for approval.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature [Handwritten 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)

DEBORAH IGOE (Typed or printed name of person signing)

President (Title of person signing)

FILING FEE \$35

FILED JUN 17 PM 12:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # P09000068187
1. Entity Name
ANNIE & IGOE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 119 WESTMINSTER ROAD		3. Mailing Address 119 WESTMINSTER ROAD		4. FFI Number 27-1027140		Applied For <input type="checkbox"/> Not Applicable	
5. City & State WEST PALM BEACH FL		6. City & State WEST PALM BEACH FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Zip 33045-1648	8. Country US	9. Zip 33045-1648	10. Country US				

CR2E034B (5/07)

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Deborah Igoe
Street Address (P.O. Box Number is Not Acceptable):
119 WESTMINSTER ROAD
City: WEST PALM BEACH FL Zip: 33045-1648

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 a registered agent.

SIGNATURE: *[Signature]* Date: June 14, 2013

January 1 - May 1 Fee is \$160.00
After May 1, Fee is \$550.00
Anticipated AR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Deborah Igoe 119 Westminster Road, West Palm Beach FL 33045-1648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS Glatts, Anne 2 Concord Crossing Lane, Chadds Ford PA 19317-8953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 member 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.

SIGNATURE: *[Signature]* Deborah Igoe, President 561.478.2015

SIGNATURE AND PRINTED NAME OF SIGNER: OFFICER OR DIRECTOR

((H13000105038 3))

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: ANNIE & IGOE, INC.

SECOND: The document number of the corporation (if known): P09000068187

THIRD: The date dissolution was authorized: April 24, 2013

Effective date of dissolution if applicable: December 31, 2012 (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

- Checked box: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
Unchecked box: Dissolution was approved by the shareholders through voting groups.

The following statements 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: [Handwritten 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)

Deborah Igoe

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
13 MAY - 9 PM 3:31

((H13000105038 3))