

PO9000069082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

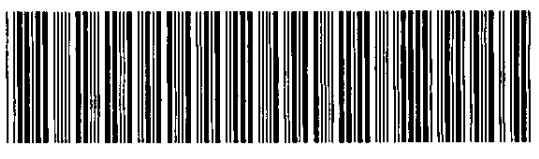
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/24/14--01002--011 **35.00

RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATION
2014 JUL 24 16:11:27
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

PO9001
DISS
JUL 29 2014
R. WHITE

FILED
14 JUL 28 18 51:43
DEPARTMENT OF STATE
BUREAU OF CORPORATION

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GLOBAL DISASTER RECOVERY USA, INC

Signature _____

Requested by: SETH

07/28/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2014

CAPITAL CONNECTION INC
WALK IN
TALLAHASSEE, FL

SUBJECT: GLOBAL DISASTER RECOVERY USA, INC
Ref. Number: P09000069082

We have received your document for GLOBAL DISASTER RECOVERY USA, INC and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Our records indicate that the subject corporation has not filed their current year annual report. Enclosed is an annual report form which must be completed and returned with the Articles of Revocation of Dissolution to the address at the bottom of this letter. The annual report filing fee is \$150 for a profit corporation and \$61.25 for a not for profit corporation

Because the voluntary dissolution was filed after the May 1 deadline, a \$400.00 late penalty will also need to be included in the filing.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 814A00015978

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GLOBAL DISASTER RECOVERY USA, INC

DOCUMENT NUMBER: P09000069082

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

Please return all correspondence concerning this matter to the following:

Michael T. Hankin, Esq.

Name of Contact Person

Hankin & Hankin

Firm/Company

6841 Energy Court

Address

Lakewood Ranch, FL 34240

City/State and Zip Code

mhankin@sarasotalawfirm.com

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

For further information concerning this matter, please call:

Michael T. Hankin, Esq.

Name of Contact Person

At (941) 957-0080

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: GLOBAL DISASTER RECOVERY USA, INC

SECOND: The document number of the corporation (if known) is P09000069082

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 08/14/2014

FOURTH: The Revocation of Dissolution was authorized on 07/15/2014

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)

Michael T. Hankin

(Typed or printed name of person signing)

Director

(Title of person signing)

FILED
14 JUL 28 PM 9:43
TALLAHASSEE, FLORIDA

FILING FEE \$35

FILED
Jun 24, 2014
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:
GLOBAL DISASTER RECOVERY USA, INC
- SECOND:** The document number of the corporation: P09000069082
- THIRD:** The file date of the articles of incorporation: August 17, 2009
- FOURTH:** None of the corporation's shares have been issued.
- 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 incorporators 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: **SHAWN D JOHNSON**

PRESIDENT

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

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P09000069082

1. Entity Name

Global Disaster Recovery USA, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6355 N. Biscayne Drive

3. Mailing Address
6355 N. Biscayne Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
North Port, FL

City & State
North Port, FL

4. FEI Number 27-0773559

Applied For
Not Applicable

Zip
34291

Country
US

Zip
34291

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Michael T. Hankin, Esq.

Street Address (P.O. Box Number is Not Acceptable)

6841 Energy Court

City Lakewood Ranch

FL Zip Code 34240

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when a transfer of)

7/25/14

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P
Shawn D. Johnson
6355 N. Biscayne Dr.
North Port, FL 34291

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
Sonya L. Johnson
6355 N. Biscayne Dr.
North Port, FL 34291

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Hankin, Director

7/25/14

941-857-0080

Daytime Phone #

CR2E034B (12/02)