

P09000072137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 FEB -5 PM 2:05

C.L.
2-11-15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NEW HORIZONS CHILDCARE & LEARNING CENTER, INC

DOCUMENT NUMBER: P09000072137

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

Please return all correspondence concerning this matter to the following:

DENZIL A. MILLS

Name of Contact Person

NEW HORIZONS CHILDCARE & LEARNING CENTER, INC

Firm/Company

322 PIERCE AVE

Address

DAYTONA BEACH FLORIDA 32114

City/State and Zip Code

NEW.HORIZONS 322@ATT.NET

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

For further information concerning this matter, please call:

DENZIL MILLS

Name of Contact Person

At (386) 566-4967

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: NEW HORIZONS CHILDCARE & LEARNING
CENTER, INC

SECOND: The document number of the corporation (if known) is P09000072137


THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 1/21/2015

FOURTH: The Revocation of Dissolution was authorized on 2/1/2015

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☒ The board of directors revoked the dissolution. (OWNER/SOLE MEMBER DECISION)
- ☐ 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)

DENZIL A. MILLS

(Typed or printed name of person signing)

OWNER / SOLE MEMBER

(Title of person signing)

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DIVISION OF CORPORATION
15 FEB -5 PM 2:05

FILING FEE \$35

FILED
Jan 21, 2015
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:
NEW HORIZONS CHILDCARE & LEARNING CENTER, INC.
- SECOND:** The document number of the corporation: **P09000072137**
- THIRD:** The file date of the articles of incorporation: **August 27, 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: **DENZIL MILLS** **OWNER/SOLE MEMBER**

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

FILED
Jan 21, 2015
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:

NEW HORIZONS CHILDCARE & LEARNING CENTER, 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:

I, DENZIL MILLS, OWNER AND SOLE MEMBER HAVE CHOSEN TO DISSOLVE THIS CORPORATION EFFECTIVE DEC 31ST 2014 AND GO OUT OF BUSINESS.

Mailing address where claims can be sent:

**920 EMMA ST.
DAYTONA BEACH, FL 32114**

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: DENZIL MILLS

Electronic Signature of the Person Filing