

P090000086607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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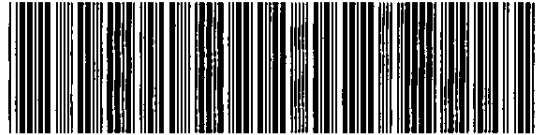
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*DR*  
*2/26/10*

**COVER LETTER**

**TO: Amendment Section**  
**Division of Corporations**

**NAME OF CORPORATION:** SOFL ERRAND GIRLS, INC.

**DOCUMENT NUMBER:** P09000086607

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

Please return all correspondence concerning this matter to the following:

Jerrilynn Goler  
Name of Contact Person

SOFL ERRAND GIRLS, INC.  
Firm/Company

5397 Stonybrook Lane  
Address

Boynton Beach, FL 33437  
City/State and Zip Code

ERRANDGIRLSINC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerrilynn Goler at (561) 735-4317  
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