P09000092150

(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:				





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Rev. of Diss.

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Metro Mortuar	y Removers Inc.	
DOCUMENT NUMBER: P09000092150		
The enclosed Articles of Revocation of Dissolu	ution and fee are submitted	for filing.
Please return all correspondence concerning th	is matter to the following:	
Don	ningo Bueno	
Name o	of Contact Person	
Metro Mor	tuary Removers Inc.	
Fin	m/Company	
39	71 NW 192 St	
	Address	
	Florida 33055	
City/St	ate and Zip Code	
E-mail address: (to be used	for future annual report notific	ation)
For further information concerning this matter,	please call:	
Ernesto Carrillo	at (305)_467-	2276
Name of Contact Person	Area Code & Dayti	me 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 Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

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 Metro Mortuary Removers Inc.			
	700			
SECOND:	The document number of the corporation (if known) is P09000092150			
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 11/19/2009			
FOURTH:	The Revocation of Dissolution was authorized on 11/30/2009			
FIFTH:	Adoption of Revocation of Dissolution (check one)			
	 ☑ The board of directors revoked the dissolution. ☐ The incorporators 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			
SIXTH:	A copy of the Articles of Dissolution is attached.			
	Signature Monicon Diverno (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)			
	Monica Bueno			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

FILING FEE \$35

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 Depart	ment of	f State	:
	Metro Mortuary Removers Inc.		_	
SECOND:	The document number of the corporation (if known): P09000092	150		
THIRD:	The file date of the articles of incorporation: 11/09/2009			
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 to the shareholders, if shares were issued.	distrib	uted	
SEVENTH:	Adoption of Dissolution (CHECK ONE)		AON G	٠
,	A majority of the incorporators authorized the dissolution.		6 I AI	Erry H
	A majority of the directors authorized the dissolution.	THE PLANT	PM 2: 02	
Sign				_
	(By a director, president or other officer - if directors or officers have not been selected, be in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	y an inco	rporator	· if
	Monica Bueno	_	<i>:</i>	
	(Typed or printed name of person signing)	-		
	President	•		
	(Title of Person Signing)	-		

Filing Fee: \$35