

P09000099749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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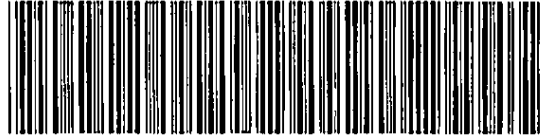
(Business Entity Name)

(Document Number)

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FILED  
2019 FEB 25 P 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 28 2019

T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Visual Image Surveillance Inc.  
**DOCUMENT NUMBER:** P09000099749

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

Please return all correspondence concerning this matter to the following:

Lynn Hutchinson  
Name of Contact Person

Visual Image Surveillance Inc.  
Firm/Company

2130 University Blvd N. Jackson  
Address

Jacksonville Florida 32211  
City/State and Zip Code

lynnhutch2@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Hutchinson At (904) 294-4324  
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

## 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: Visual Image Surveillance Inc.

SECOND: The document number of the corporation (if known) is PO9000099249

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is December 31, 2018

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: The Revocation of Dissolution was authorized on December 31, 2018

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 Lynn Hutchinson

(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)

LYNN HUTCHINSON  
(Typed or printed name of person signing)

President  
(Title of person signing)

SECRETARY OF STATE  
FILED  
TALLAHASSEE, FLORIDA

2019 FEB 25 P 4:00

FILED

FILED  
Dec 31, 2018  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:  
VISUAL IMAGE SURVEILLANCE INC
- SECOND: The document number of the corporation: P09000099749
- THIRD: The date dissolution was authorized: December 31, 2018  
Effective date of dissolution: December 31, 2018
- FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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: ALEX MINDRA OWNER  
\_\_\_\_\_  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative