

P10000007065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

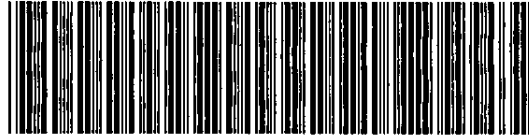
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 SEP 28 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OCT 02 2015  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** PROFESSIONAL POOL MANAGEMENT AND LEAKS CORP

**DOCUMENT NUMBER:** P40000007065

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

Please return all correspondence concerning this matter to the following:

Humberto OLIVEIRA

Name of Contact Person

Firm/Company

8207 THAMES BLVD. XA

Address

BOCA RATON FL 33433

City/State and Zip Code

HumbertoBAU@msn.com

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

For further information concerning this matter, please call:

Humberto

Name of Contact Person

At ( 561 ) 866 2357

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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: PROFESSIONAL POOL MANAGEMENT  
AND LEAKS CORP

SECOND: The document number of the corporation (if known) is P10000007065

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

filed with the Florida Department of State is 8/06/2015

**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 \_\_\_\_\_.

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)

Humberto Oliveira

(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)

FILING FEE \$35

## ARTICLES OF DISSOLUTION

Signature: HUMBERTO OLIVEIRA PRESIDENT

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

**FILED**  
**Aug 06, 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:

PROFESSIONAL POOL MANAGEMENT AND LEAKS CORP.

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:

NO LONGER IN BUSINESS, WORKING AS AN EMPLOYEE NOW

Mailing address where claims can be sent:

8207 THAMES BLVD

A

BOCA RATON, FL 33433

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: HUMBERTO OLIVEIRA

Electronic Signature of the Person Filing