P10000021393

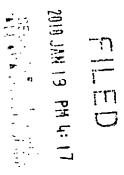
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | TIAW | MAIL |
| (Bı | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | SIMON HAWKS | SWORTH INC. | | |
|--|---------------------------------------|---|-----------------------------|--|
| DOCUMENT NUMBER: | P10000021393 | | | |
| The enclosed Articles of Revoc | ation of Dissolu | <i>tion</i> and fee are su | bmitted for | filing. |
| Please return all correspondenc | e concerning this | matter to the follo | owing: | |
| | Simon | Hawksworth | | |
| | Name of | Contact Person | | |
| | Simon Hav | vksworth Inc. | | |
| | Firm | /Company | | |
| | 328 Plantat | ion Club Dr | | |
| 1,101 484 | Α, | Address | . • | |
| | DeBary, Flo | orida 32713 | | |
| | City/State | e and Zip Code | | |
| | simonhawksw | orth@aol.com | | |
| E-mail ad | ldress: (to be used fo | or future annual repor | t notification | |
| For further information concern | ning this matter, p | olease call: | | |
| Simon Hawksv | vorth | 407 At () | 501-9175 | |
| Name of Contact | Person | | & Daytime T | elephone Number |
| Enclosed is a check for the foll | owing amount: | | | |
| | 3.75 Filing Fee & rtificate of Status | S43.75 Filing I Certified Copy (Additional copenclosed) | | \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed) |
| Mailing Address: Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231 | | Division Clifton B 2661 Exc | ent Section of Corporati | er 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: | | | | | | |
|---------|---|--|--|--|--|--|--|
| SECOND: | The document number of the corporation (if known) is P10000021393 | | | | | | |
| THIRD: | The effective date (or file date, if no effective date) of the Articles of Dissolution | | | | | | |
| | filed with the Florida Department of State is 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 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 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) Simon Hawksworth (Typed or printed name of person signing) President (Title of person signing) | | | | | | |

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: SIMON HAWKSWORTH INC | | | | | | | |
|---|--|-------------------------|--|--|--|--|--|---|
| SECOND: | The document number of the corporation (if known): P10000021393 | | | | | | | |
| THIRD: | The date dissolution was authorized: | | | | | | | |
| | Effective date of dissolution if applicable: | | | | | | | |
| | (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date winot be listed as the document's effective date on the Department of State's records. | | | | | | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | | | | | |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: | | | | | | | |
| | | | | | | | | The number of votes cast for dissolution was sufficient for approval by |
| | | | | | | | | |
| | | Signature: All and hist | | | | | | |
| (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) | | | | | | | | |
| SIMON HAWKSWORTH | | | | | | | | |
| (Typed or printed name of person signing) | | | | | | | | |
| PRESIDENT | | | | | | | | |
| | (Title of person signing) | | | | | | | |

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown chains against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. SIMON HAWKSWORTH INC. Name of Corporation:_ 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: Date of initial transaction, Proof of transaction in question, List of known attempts and types of contact regarding the claim, name/address/contact number for claimant Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 328 PLANTATION CLUB DR DEBARY, FLORIDA 32713 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. SIMON HAWKSWORTH

Printed Name of the Person Filing