

P10000035619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

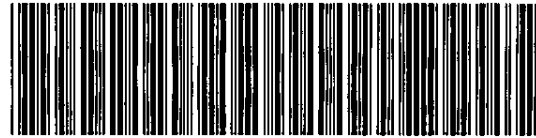
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/28/14--01004--016 **35.00

14 MAR 28 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
MAR 31 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Aurora Francois' Signature, Inc.

DOCUMENT NUMBER: P10000035619

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

Please return all correspondence concerning this matter to the following:

Aurore Francois

Name of Contact Person

Aurora Francois' Signature, Inc.

Firm/Company

2700 North Federal Hwy. [Apt. 504]

Address

Boynton Beach, FL 33435

City/State and Zip Code

aurorefrancois3@bellsouth.net

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

For further information concerning this matter, please call:

Aurore Francois

Name of Contact Person

At (561) 350-6992

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: Aurora Francois' Signature, Inc.

SECOND: The document number of the corporation (if known) is P10000035619

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is March 24, 2014

FOURTH: The Revocation of Dissolution was authorized on March 25, 2014

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)

Aurore Francois

(Typed or printed name of person signing)

President

(Title of person signing)

APPROVED
AND
FILED
14 MAR 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$35

ARTICLES OF DISSOLUTION

Signature: AUORE FRANCOIS PRESIDENT
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED
Mar 24, 2014
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:

AURORA FRANCOIS' SIGNATURE, INC.

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:

MAY IT BE KNOWN THAT AURORA FRANCOIS' SIGNATURE INC. IS DISSOLVED EFFECTIVE TODAY (MARCH 24, 2014).

Mailing address where claims can be sent:

2700 NORTH FEDERAL HWY
APT. 504
BOYNTON BEACH, FL 33435

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: AURORE FRANCOIS

Electronic Signature of the Person Filing