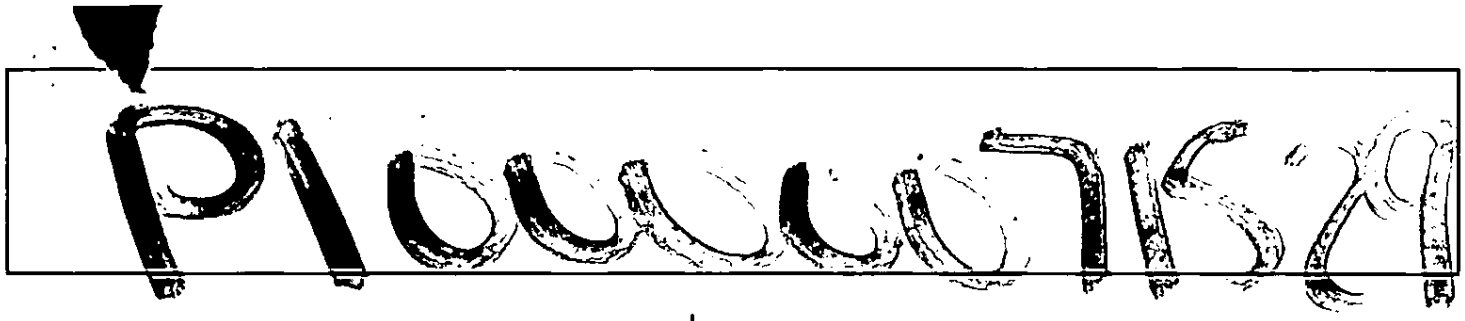


(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

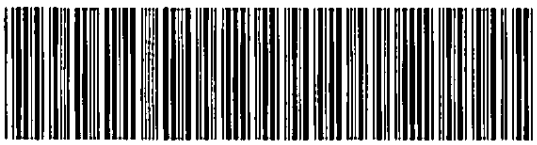
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/21/17--01035--019 **35.00

FILED
17 AUG 21 PM 12:13

Rev. Diss.
AUG 25 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Defencor Corporation

DOCUMENT NUMBER: P10000071529

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

Please return all correspondence concerning this matter to the following:

Viktoriia Correa
Name of Contact Person

Defencor Corporation
Firm/Company

PO Box 881392
Address

Port St. Lucie, FL 34988
City/State and Zip Code

defencor.corporation@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Viktoriia Correa At (561) 506-4848
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: Defencar Corporation

SECOND: The document number of the corporation (if known) is P10000071529

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 05-21-2017

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 05-21-2017

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 B. Correa
(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)

Viktoriia Correa
(Typed or printed name of person signing)

Executive Secretary
(Title of person signing)

FILED
17 AUG 21 PM 12:13

FILING FEE $35

FILED
May 21, 2017
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:

DEFENCOR CORPORATION

SECOND: The document number of the corporation: P10000071529

THIRD: The date dissolution was authorized: May 21, 2017

Effective date of dissolution: May 21, 2017

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: DANIEL CORREA CHAIRMAN

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

FILED
May 21, 2017
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:

DEFENCOR 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:

I AS CHAIRMAN AND DIRECTOR APPLY FOR THIS COMPANY TO BE STRUCK OFF THE REGISTER AND DECLARE THAT NO LAW SUITS EXIST AGAINST THIS COMPANY.

Mailing address where claims can be sent:

PO BOX 881392
PORT ST LUCIE, FL 34988

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: DANIEL CORREA

Electronic Signature of the Person Filing