

P110000047808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

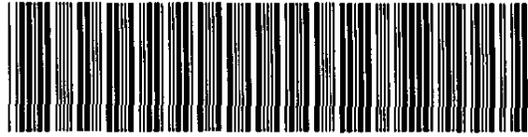
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/23/12--01015--002 **35.00

FILED
2012 MAR 20 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B Tadlock MAR 23 2012



Horace Mann
Educated Financial Solutions

Leon Sturk
Sturk Insurance Agency

The Horace Mann Companies
1200 N. Central Ave, Suite 215
Kissimmee, FL 34741
Bus. 407-846-1570
Fax 407-209-3808
Leon.Sturk@horacemann.com

Thursday, March 15, 2012

To: Brenda Tadlock
From: Leon Sturk
Re: Revoke Dissolution and convert to LLC

**First I want to thank you for your help today on the phone.
You were very helpful and renewed my faith.**

**I am enclosing the Revocation of Dissolution of corporation with the
Check for P11000047808.**

**Also, I have enclosed the conversion paperwork and check to make the
change to an LLC.**

**Again my thanks and I feel confident with your help that this will be
done and correctly.**

Have a great week and my thanks again.

Sincerely yours,

Leon Sturk

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Leon Sturk Inc

DOCUMENT NUMBER: P11000047808

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

Please return all correspondence concerning this matter to the following:

Leon Sturk

Name of Contact Person

DBA: Sturk Insurance Agency

Firm/Company

1200 N. Central Ave, Suite 215

Address

Kissimmee, Fl. 34741

City/State and Zip Code

Leon.Sturk@horacemamm.com

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

For further information concerning this matter, please call:

Leon Sturk at (407) 846-1570
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 Leon Sturk INC.

SECOND: The document number of the corporation (if known) is P11000047808

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 02/27/2012

FOURTH: The Revocation of Dissolution was authorized on 3/15/2012

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 Leon Sturk
(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)

Leon Sturk
(Typed or printed name of person signing)

MGR
(Title of person signing)

FILING FEE \$35

FILED
2012 MAR 20 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
Feb 27, 2012
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:

LEON STURK 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:

THIS WAS CHANGED TO LEON STURK LLC UNDER FEIN # 90-0550409

Mailing address where claims can be sent:

1200 N CENTRAL AVE,
SUITE 215
KISSIMMEE, FL 34741

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: LEON STURK

Electronic Signature of the Person Filing