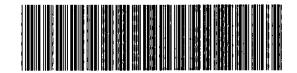
P11000049118

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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DA/ Dir Resign



N. 9-10-4

COVER LETTER

| TO: | Amendment Section Division of Corporations |
|---|--|
| SUB | JECT: REVD UP INC |
| (Name of Corporation) | |
| DOC | UMENT NUMBER: P11000049118 |
| The e | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Pleas | e return all correspondence concerning this matter to the following: |
| MIC | HAEL M CLAVELO |
| - | (Name of Person) |
| | |
| | (Name of Firm/Company) |
| 152 | 57 NW 88 CT |
| *************************************** | (Address) |
| MIA | MI LAKES, FL 33018 |
| | (City/State and Zip Code) |
| For fu | urther information concerning this matter, please call: |
| MICI | HAEL M CLAVELO at (305) 219-5464 (Name of Person) (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclo | sed is a check for \$35.00 made payable to the Florida Department of State. |
| Amer Divisi Clifto 2661 | Mailing Address: Idment Section Idm |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314