

P11000052489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

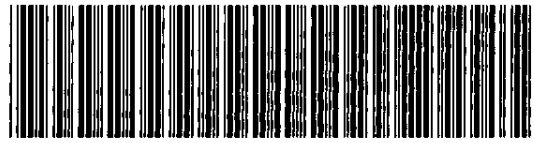
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/06/11--01028--005 **35.00

FILED
28 SEP -6 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Articles
Revocation
9-8-11

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Kaliwell Inc.

DOCUMENT NUMBER: P11000052489

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

Please return all correspondence concerning this matter to the following:

Nancy Kalikow Maxwell

Name of Contact Person

Kaliwell Inc.

Firm/Company

8723 N.W. 11th St.

Address

Plantation, FL 33322

City/State and Zip Code

nancykalikowmaxwell@comcast.net

~~nancykalikowmaxwell@comcast.net~~

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

For further information concerning this matter, please call:

Nancy Kalikow Maxwell

Name of Contact Person

at (**954**) **260-7696**

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 Kaliwell Inc.

SECOND: The document number of the corporation (if known) is P11000052489

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is June 30, 2011

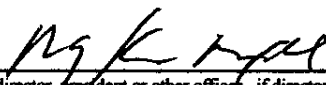
FOURTH: The Revocation of Dissolution was authorized on August 31, 2011

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)

Nancy Kalikow Maxwell

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

FILED
2011 SEP -6 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
KALIWELL INC
- SECOND:** The document number of the corporation: P11000052489
- THIRD:** The file date of the articles of incorporation: June 3, 2011
- FOURTH:** None of the corporation's shares have been issued.
The corporation has not commenced business.
- FIFTH:** No debt of the corporation remains unpaid.
- SIXTH:** The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH:** A majority of the incorporators authorized the dissolution.

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: NANCY KALIKOW MAXWELL INCORPORATOR
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative