P110000:539185

| (Re | equestor's Name) | |
|-----------------------------------------|------------------------|--|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| (Bu | usiness Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
| | J. HORNE | |
| | JUL 3 1 2023 | |
| | | |
| | | |

Office Use Only



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05/31/23--01020--019 **40.75



COVER LETTER

Division of Corporations NAME OF CORPORATION: MICHEL DELIVERIES, INC DOCUMENT NUMBER: P 11 0000 5 3 9 8 5 The enclosed Articles of Revocation of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LOUVERTURE MICHEL
Name of Contact Perso Firm/Company 3613 COCONUT ROAD # B LAKE WORTH FLORIDA 33461
City/State and Zip Code LOUPAUX OM CAST-NET For further information concerning this matter, please call: LOUWERTURE MICHEL MI 561 315-1869 Enclosed is a check for the following amount: S43.75 Filing Fee & ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Street Address: **Mailing Address:**

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

TO: Amendment Section

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

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: Michel DELIVERIES, INC |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SECOND: | The document number of the corporation (if known) is $\frac{P11000053985}{}$ |
| THIRD: | The effective date (or file date, if no effective date) of the Articles of Dissolution |
| | filed with the Florida Department of State is $28-23$ |
| FOURTH: | The Revocation of Dissolution was authorized on $4 - 28 - 23$ |
| FIFTH: | Adoption of Revocation of Dissolution (check one) |
| | The board of directors/incorporation 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 was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation. |
| 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) LOUVERTURE MICHEL (Typed or printed name of person signing) |

9

FILING FEE \$35

OWNER

CR2E008 (12/19)

Apr 28, 2023 Secretary of State

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:

MICHEL DELIVERIES, INC.

SECOND:

The document number of the corporation: P11000053985

THIRD:

The file date of the articles of incorporation: June 9, 2011

FOURTH:

None of the corporation's shares have been issued.

FIFTH:

No debt of the corporation remains unpaid.

SIXTH:

The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH:

A majority of the incorporators or directors 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: LOUVERTURE MICHEL

OWNER

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

FILED Apr 28, 2023 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:

MICHEL DELIVERIES, 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:

THE DISSOLUTION OF MY BUSINESS IS TEMPORARY AND WILL BE ACTIVE IN 2 WEEKS

Mailing address where claims can be sent:

3613 COCONUT RD APT # B LAKE WORTH, FL 33461

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: LOUVERTURE MICHEL

Electronic Signature of the Person Filing

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: MICHEL DELIVERIES IN C DOCUMENT NUMBER: P 11000053985 The enclosed Articles of Revocation of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LOUVERTURE MICHEL Firm/Company 3613 COCONUT ROAD # B LAKE WORTH FLORIDA 33461
City/State and Zip Code LouPaux & COM CAST-NET
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: URE MicHEL At (561) 315-18-69
Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **2** \$43.75 Filing Fee & ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: Street Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303