

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SERVING Insurance Inc.

DOCUMENT NUMBER: P11000062683

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

Please return all correspondence concerning this matter to the following:

Sonia Salem
Name of Contact Person

Firm/Company

3901 SW Kamsler St
Address

Port St Lucie FL 34953
City/State and Zip Code

SONIA.N@FL@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONIA Salem At (561) 670-5648
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

FILED

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:

FILED
JAN 10 4:47
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: SERVING Insurance Inc.

SECOND: The document number of the corporation (if known) is P11000062683

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 12/2/13

FOURTH: The Revocation of Dissolution was authorized on 12/2/13

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)

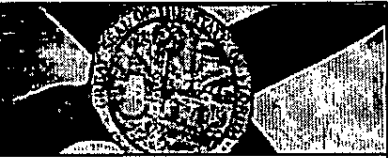
SONIA SALEM

(Typed or printed name of person signing)

Owner

(Title of person signing)

FILING FEE \$35

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Profit Corporation**

SERVICING INSURANCE, INC.

Filing Information

Document Number	P11000062683
FEI/EIN Number	452725754
Date Filed	07/11/2011
State	FL
Status	INACTIVE
Last Event	VOLUNTARY DISSOLUTION
Event Date Filed	12/02/2013
Event Effective Date	NONE

Principal Address3901 SW KAMSLER ST
PORT ST LUCIE, FL 34953

Changed: 02/04/2013

Mailing Address3901 SW KAMSLER ST
PORT ST LUCIE, FL 34953

Changed: 02/04/2013

Registered Agent Name & AddressSALEM, SONIA
3901 SW KAMSLER ST
PORT ST LUCIE, FL 34953

Name Changed: 02/04/2013

Address Changed: 02/04/2013

Officer/Director Detail**Name & Address**

Title PD

SALEM, SONIA
3901 SW KAMSLER STREET
PORT ST LUCIE, FL 34953

Annual Reports

Report Year	Filed Date
2013	02/04/2013

Document Images

<u>02/04/2013 -- REINSTATEMENT</u>	View image in PDF format
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<u>07/11/2011 -- Domestic Profit</u>	View image in PDF format
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State of Florida, Department of State