

P12000028420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

John gave permission to correct.

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DEPARTMENT OF STATE
14 SEP - 5 PM 12:11

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14 SEP - 5 PM 12:29

9/5/14

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/4/14

NAME: POSHE NAILS INC

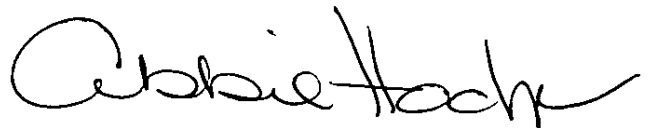
TYPE OF FILING: REVOCATION OF DISSOLUTION

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: POSHE NAILS INC.

DOCUMENT NUMBER: P 12000028420

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

Please return all correspondence concerning this matter to the following:

Vivian Nguyen

Name of Contact Person

POSHE NAILS INC.

Firm/Company

4960 10th AVE N

Address

Greenacres FL 33463

City/State and Zip Code

vivngn@gmail.com

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

For further information concerning this matter, please call:

Vivian Nguyen

Name of Contact Person

At (561) 444 - 5293

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: POSHE NAILS INC

SECOND: The document number of the corporation (if known) is P12000028420

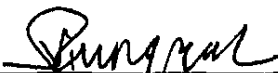
THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is May 19th 14.

FOURTH: The Revocation of Dissolution was authorized on May 30th, 14.

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)

VIVIAN NGUYEN
(Typed or printed name of person signing)

owner / Pres.
(Title of person signing)

FILING FEE \$35

FILED
14 SEP - 5 PM 12:29

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2014 MAY 19 PM 4:28

FIRST: The name of the corporation as currently filed with the Florida Department of State:
POSHE NAILS INC

SECOND: The document number of the corporation (if known): **P12000028420**

THIRD: The date dissolution was authorized: **05/14/2014**

Effective date of dissolution if applicable: **05/14/2014**

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

VIVIAN NGUYEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: POSHE NAILS 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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

5064 LANTANA RD # 6201

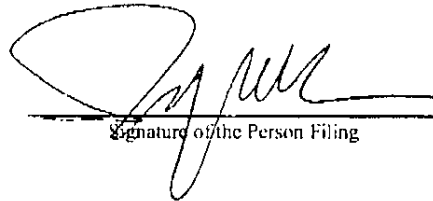
LAKE WORTH

FL-33463

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.

VIVIAN NGUYEN

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00