

PI2000052488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

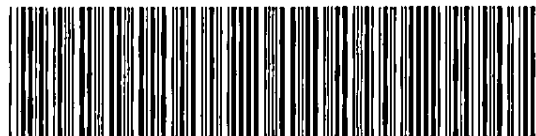
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Special Instructions to Filing Officer.

J DENNIS

APR 10 2024

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Ret. 03/26/24

FILED  
2024 MAR 26 PM 2:18  
SECRETARY OF STATE  
TREASURY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Fountains Solutions Corp

**DOCUMENT NUMBER:** P12000052488

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

Please return all correspondence concerning this matter to the following:

Justino Sanchez

Name of Contact Person

Fountains Solutions

Firm/Company

5465 29th Pl SW Unit "A"

Address

Naples, Florida 34116

City/State and Zip Code

fountainsolutions@yahoo.com

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

For further information concerning this matter, please call:

Justino Sanchez

Name of Contact Person

At (239) 888-0933

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 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: Fountains solutions CLIP

SECOND: The document number of the corporation (if known) is P12000052488

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is 12-07-23

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: The Revocation of Dissolution was authorized on 12-31-23

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)

Justino Sanchez

(Typed or printed name of person signing)

Owner

(Title of person signing)

**FILING FEE \$35**

FILED  
2024 MAR 26 PM 2:18  
SECRETARY OF STATE  
FLORIDA

**FILED**  
**Dec 07, 2023**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, 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:  
FOUNTAINS SOLUTIONS CORP
- SECOND:** The document number of the corporation: P12000052488
- THIRD:** The date dissolution was authorized: December 7, 2023  
Effective date of dissolution: December 31, 2023
- FOURTH:** Dissolution was approved by the shareholders in the manner required by this chapter and by Articles of Incorporation.

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: JUSTINO SANCHEZ BUSINESS OWNER  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

**FILED**  
**Dec 07, 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:

FOUNTAINS SOLUTIONS CORP

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:

VOLUNTEER DISSOLUTION FOR NEXT YEAR 2024:NO JOBS, NO BUSINESS AND NO INCOMES THAT IS WHY  
I CLOSE THE CORPORATION. THANKS FOR THE SUPPORT JUSTINO SANCHEZ

Mailing address where claims can be sent:

5465 29TH PL  
UNIT A  
NAPLES, FL 34116 US

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: JUSTINO SANCHEZ

\_\_\_\_\_  
Electronic Signature of the Person Filing