

P12000092367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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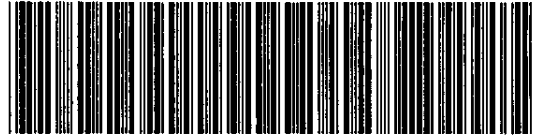
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 FEB 10 PM 3:49

Rev. of Dissolution

FEB 13 2014

T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2014

RICHARD CAVE
RNC INSURANCE CORP.
7755 W WATERS AVE
TAMPA, FL 33615 US

SUBJECT: RNC INSURANCE CORP.
Ref. Number: P12000092367

We have received your document for RNC INSURANCE CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only one box in the fifth article concerning the Adoption of Revocation of Dissolution.

The articles of revocation of dissolution must be accompanied by a copy of the previously filed articles of dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 214A00002097

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RNC INSURANCE CORP

DOCUMENT NUMBER: P12000092367

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

Please return all correspondence concerning this matter to the following:

RICHARD CAVE

Name of Contact Person

RNC INSURANCE CORP

Firm/Company

7755 W WATERS AVE

Address

TAMPA / FL 33615

City/State and Zip Code

RICHARDCAVE@ALLSTATE.COM

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

For further information concerning this matter, please call:

RICHARD CAVE

Name of Contact Person

At (813) 4981001

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount: *Already sent check. Check has been cashed*

☐ \$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: RNC INSURANCE CORP

SECOND: The document number of the corporation (if known) is P12000092367


THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 11/20/2013

FOURTH: The Revocation of Dissolution was authorized on 01/25/2014

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)

RICHARD CAVE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35

FILED
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TALLAHASSEE
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