P/3000095957

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
. PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Na	me)
(Dx	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2016

MARIA MARGARITA URRIOLA CASANOVA 10923 NW 87TH LN MIAMI, FL 33178

SUBJECT: MK EXPRESS LINE INC Ref. Number: P13000095957

We have received your document for MK EXPRESS LINE INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entitles must be active in order to file articles of amendment to articles of incorporation. Because the above referenced entity is voluntarily dissolved, articles of amendment cannot be filed for this corporation.

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

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

Rebekah White Regulatory Specialist II

Letter Number: 016A00008769

Hi-Pabekahi
Please see acktach the Romeet
Form and please use the 43.75
For articles of Pavocation.

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

05/5/2018

02:29 PDT

TO:18502456897 FROM:8009204857

Page:

3

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MK EXPRESS	LINE INC	
P13000095957		
The enclosed Articles of Revocation of Dissolu	ution and fee are submitted	for filing.
Please return all correspondence concerning thi	s matter to the following:	
MARIEDDY ,GARCIA SARDUY		
Name of	f Contact Person	
PRESIDENT		
Fire	n/Company	in the first had a suit for an about the first of the contract
19520 HONEY BEAR LN		
	Address	
NORTH FORT MYERS, FL 33917		
City/Sta	te and Zip Code	
INFO@DIRECTSOLUTIONSERVICES.COM		
E-mail address: (to be used to	for future annual report notifica	tion)
For further information concerning this matter,	please call:	
MARIEDDY ,GARCIA SARDUY	At () 443-58	
Name of Contact Person	Area Code & Dayti	me Telephone Number
Enclosed is a check for the following amount:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Cl \$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 Sect Division of Corp Clifton Building 2661 Executive C	orations

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:		
SECOND:	The document number of the corporation (if known) is P13000095957		
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution 04/04/2016		
	filed with the Florida Department of State is 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		
FIFTH:	Adoption of Revocation of Dissolution (check one)		
	 The board of directors revoked the dissolution. The incorporators 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, predident 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 tiduciary, by that fiduciary) MARIEDDY ,GARCIA SARDUY (Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Apr 04, 2016 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:

MK EXPRESS LINE INC

SECOND:

The document number of the corporation: P13000095957

THIRD:

The date dissolution was authorized: April 4, 2016

Effective date of dissolution: April 4, 2016

FOURTH:

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

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: GARCIA SARDUY, MARIEDDY

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

FILED Apr 04, 2016 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:

1 1 1 1

MK EXPRESS LINE 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:

COMPANY NEEDS TO BE CLOSED

Mailing address where claims can be sent:

1248 VISCAYA PKWY 2B CAPE CORAL, FL 33990

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: GARCIA SARDUY, MARIEDDY

Electronic Signature of the Person Filing