

P14000071892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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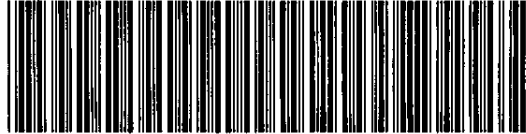
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IT SERVICE II CORP

DOCUMENT NUMBER: P14000071892

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

ENNA DIEPPA

Name of Contact Person

KIJOENNA SERVICES INC

Firm/Company

2141 SW 1ST STREET STE 110

Address

MIAMI, FL 33135

City/State and Zip Code

krisjoenna@yahoo.com

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

For further information concerning this matter, please call:

ENNA DIEPPA

Name of Contact Person

At (**305**) **644-3055**

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: P14000071892

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

Please return all correspondence concerning this matter to the following:

ENNA DIEPPA

(Name of Contact Person)

KIJOENNA SERVICES

(Firm/Company)

2141 SW 1ST STREET SUITE 110

(Address)

MIAMI, FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

ENNA DIEPPA

at **(305) 6443055**

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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: IT SERVICE II CORP

SECOND: The document number of the corporation (if known) is P14000071892

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 12/05/2014

FOURTH: The Revocation of Dissolution was authorized on 01/22/2015

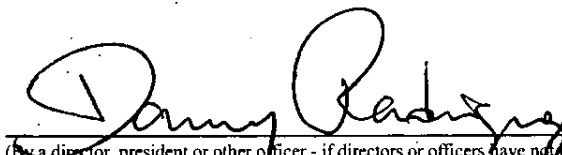
FIFTH: Adoption of Revocation of Dissolution (check one)

- ☒ 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)

DANNY RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FLORIDA

FILING FEE \$35