

P14000073480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

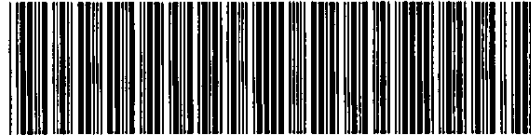
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200289873012

09/14/16--01022--001 **52.50

PAID
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 14 AM 8:29

SEP 19 2016
C McNAIR

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 14 AM 8:29

TO: Amendment Section
Division of Corporations

Mancini Consulting Services, Inc.

NAME OF CORPORATION: _____

P14000073480

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Michael C. Mancini

Name of Contact Person

Mancini Consulting Services, Inc.

Firm/Company

10109 Cobblestone Creek Drive

Address

Boynton Beach, FL 33472

City/State and Zip Code

michaelcmancini@gmail.com

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

For further information concerning this matter, please call:

Michael C. Mancini

267

614-2988

At (_____) _____

Name of Contact Person

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

September 13, 2016

STATE OF FLORIDA
DIVISION OF CORPORATIONS
16 SEP 14 AM 8:29

To Whom It May Concern:

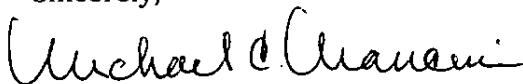
My name is Michael C. Mancini and am president and co-director of Mancini Consulting Services. The secretary and co-director voluntarily dissolved the corporation on May 16, 2016 without my knowledge or consent.

I am hereby revoking the dissolution of Mancini Consulting Services and reinstating it as an ongoing active corporation in the state of Florida.

I am writing this letter as we have 120 days (which is today) to reinstate. As previously mentioned, we have just learned of this situation.

All of the required forms are attached to this letter.

Sincerely,



Michael C. Mancini
President

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: Mancini Consulting Services, Inc.

SECOND: The document number of the corporation (if known) is P14000073480.

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

May 16, 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 May 16, 2016.

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 Michael C. Mancini
(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)

Michael C. Mancini

(Typed or printed name of person signing)

President and Director

(Title of person signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 14 AM 8:29

FILED
May 16, 2016
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
MANCINI CONSULTING SERVICES, INC.
- SECOND:** The document number of the corporation: **P14000073480**
- THIRD:** The file date of the articles of incorporation: **August 21, 2014**
- FOURTH:** None of the corporation's shares have been issued.
- FIFTH:** No debt of the corporation remains unpaid.
- SIXTH:** The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH:** A majority of the incorporators authorized the dissolution.

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: **TRACY L MANCINI**

PARTNER

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

FILED
May 16, 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:

MANCINI CONSULTING SERVICES, 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:

THIS COMPANY IS DISSOLVED AS OF DECEMBER 3, 2015

Mailing address where claims can be sent:

**5625 NE TRIESTE WAY
BOCA RATON, FL 33487**

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: TRACY L MANCINI

Electronic Signature of the Person Filing