

P15000619525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

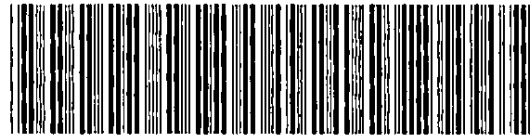
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Mr. Pessenden Approved the  
change for the adoption of  
Revocation or Dissolution on 6/23/17

SP

Office Use Only



000300339060

06/15/17--01018--014 \*\*35.00

S TALLENT

JUN 23 2017

Revocation  
or Dissolution

FILED  
17 JUN 15 PM 3:44  
SECRETARY OF STATE  
HALLMARKSFF1100102

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Crossroads Distributors, Inc.  
**DOCUMENT NUMBER:** P15000019525

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

Please return all correspondence concerning this matter to the following:

Angelina Pessenda  
Name of Contact Person

Cross Roads Distributors, Inc.  
Firm/Company

3108 Tuscan Way  
Address

Boynton Beach, FL 33435  
City/State and Zip Code

AngelinaPessenda@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelina Pessenda At (561) 634-1026  
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: Crossroads Distributors, Inc

SECOND: The document number of the corporation (if known) is P15000019525

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

filed with the Florida Department of State is 5/19/2017

**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 6/12/17

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 Angelina Pesserda  
(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)

Angelina Pesserda  
(Typed or printed name of person signing)

Vice-President  
(Title of person signing)

FILED  
17 JUN 15 PM 3:44  
CLERK OF DISTRICT COURT  
1ST DISTRICT JUDGE

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

CROSSROADS Distributors, Inc.

SECOND: The document number of the corporation (if known): P15 000019525

THIRD: The date dissolution was authorized: May 1, 2017

Effective date of dissolution if applicable: \_\_\_\_\_

(no more than 90 days after dissolution file date)

**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: Adoption of Dissolution (CHECK ONE)

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

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

President + Vice President  
(voting group)

FILED  
2017 MAY 19 P 2:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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)

Eduardo Pessenda

(Typed or printed name of person signing)

President

(Title of person signing)