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(Re	equestor's Name)	
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R. WHITE

Bradley Schoenjons Return ADD, 8 1915 Spanish River RD # 305 BOCARATON F1.33432 Mone # 5615586915 tmail- Brad a TAKEO Vertime com Company EXMODATION INFOLAGS Inc.

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: EXMOVATION INFOLAUSING. DOCUMENT NUMBER: P150000 49242
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bradley 5 choengood Name of Contact Person
EXMODATION FITH/Company
1015 spanish River Road #305
Boca Raton F1 33432 City/State and Zip Code
City/State and Zip Code
For further information concerning this matter, please call: Bradley Schoengers At (561) 558 6915
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Compressions Division of Compressions

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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 Artic	les of Dissolution:		
FIRST:	The name of the corporation is: <u>IXMOVation</u> Infola65 IM		
SECOND:	The document number of the corporation (if known) is 0.509049243		
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution 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 Oct 12612015		
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, president or other officers if directors or officers have not been selected, by an incorporator - if in the hands of preceiver, trustee, or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing)		
	(Title of person signing)		

Sep 16, 2015 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:

EXNOVATION INFOLABS INC.

SECOND:

The document number of the corporation: P15000049242

THIRD:

The file date of the articles of incorporation: June 3, 2015

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: BRADLEY SCHOENGOOD

PRESIDENT

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

FILED Sep 16, 2015 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:

EXNOVATION INFOLABS 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:

I BRADLEY SCHOENGOOD PRESIDENT OF EXNOVATION INFOLABS IS CLOSING DOWN THE COMPANY.

Mailing address where claims can be sent:

3171 U.S. 9, 292 OLD BRIDGE, NJ 08857

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: BRADLEY SCHOENGOOD

Electronic Signature of the Person Filing