

P15000068742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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FILED
17 NOV 30 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REV.
Diss.
R. WHITE
DEC 01 2017



5904 Java Plum Lane Bradenton Florida USA 34203 (941) 730-4461 Email: rick@odato.com

November 27, 2017

Florida Department of State

Division of Corporations

Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Dear Amendment Section:

My intention is to resume operation of my corporation as soon as possible. Please accept the enclosed Articles of Revocation of Dissolution for a Florida profit corporation. The fee of \$35 is enclosed. Additionally, please note that our address has changed. The new address is listed above. The old address of 7108 Coachlight Street, Sarasota, FL 34243 is no longer active.

Should you have any questions, please call or email. Thank you in advance for your help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Odató', is written over a horizontal line.

Richard Odató

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Suncoast Skyview, Inc.

DOCUMENT NUMBER: P15000068742

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

Please return all correspondence concerning this matter to the following:

Richard Odato

Name of Contact Person

Suncoast Skyview, Inc.

Firm/Company

5904 Java Plum Lane

Address

Bradenton, FL 34203

City/State and Zip Code

rick@odato.com

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

For further information concerning this matter, please call:

Richard Odato

Name of Contact Person

At (941) 730-4461

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

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: Suncoast Skyview, Inc.

SECOND: The document number of the corporation (if known) is P15000068742

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

filed with the Florida Department of State is 09/25/2017

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 11/27/17

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_____

(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)

Richard Odato

(Typed or printed name of person signing)

President, CEO, Treasurer

{ Title of person signing)

FILED
17 NOV 30 AM 11:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED
Sep 25, 2017
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:
SUNCOAST SKYVIEW, INC.
- SECOND:** The document number of the corporation: P15000068742
- THIRD:** The file date of the articles of incorporation: August 12, 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: RICHARD ODATO PRESIDENT
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED
Sep 25, 2017
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:

SUNCOAST SKYVIEW, 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:

NO LONGER WORKING THE BUSINESS

Mailing address where claims can be sent:

7108 COACHLIGHT STREET, SARASOTA
SARASOTA, FL 34243 UN

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: RICHARD ODATO

Electronic Signature of the Person Filing