

P15 000075920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

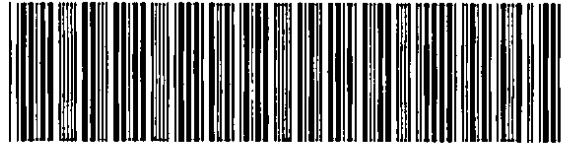
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS

NOV 30 2021

Office Use Only



300375834053

11/01/21--01021--006 **43.75

SECRET

2021 NOV -1 PM 3:25

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

MAIAS PARTNERS CORP

NAME OF CORPORATION: _____
P15000075920

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:

Victoria Moraes

Name of Contact Person

Asselfis International Corp

Firm/Company

7901 Kingspointe parkway #10

Address

Orlando FL 32819

City/State and Zip Code

Victoria@asselfis.com

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

For further information concerning this matter, please call:

Victoria Moraes

407

826-1034

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:

MAIAS PARTNERS CORP

2021 NOV -1 PM 3: 25

FIRST: The name of the corporation is: _____

P15000075920

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

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

07/13/2021

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.

10/21/2021

FOURTH: The Revocation of Dissolution was authorized on _____

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☒ The board of directors/incorporation 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 was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature



10/21/2021

(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)

MARCELO CALLEGARI

(Typed or printed name of person signing)

PRINCIPAL

(Title of person signing)

FILING FEE \$35

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:
MAIAS PARTNERS CORP
- SECOND: The document number of the corporation: P15000075920
- THIRD: The file date of the articles of incorporation: September 11, 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, if any, have been distributed.
- SEVENTH: A majority of the incorporators or directors 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: CALLEGARI, MARCELO PRINCIPAL

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

FILED
Jul 13, 2021
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:

MAIAS PARTNERS CORP

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 ACTIVITIES ANYMORE

Mailing address where claims can be sent:

7901 KINGSPONTE PARKWAY
SUITE 10
ORLANDO, FL 32819 US

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: CALLEGARI, MARCELO

Electronic Signature of the Person Filing