Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Enail	Address:	<b>:</b>		

## REVOCATION OF DISSOLUTION LYFESTYLE CATERING INC

Certificate of Status	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

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## ARTICLES OF REVOCATION OF DISSOLUTION

51930100001	section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of prior to the expiration of 120 days following the effective date (or file date, if no effective date) es of Dissolution:					
FIRST:	The name of the corporation is: LYTESTYLE CATERING					
SECOND:	The document number of the corporation (if known) is P15000082375					
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 7-18-23					
FOURTH:	The Revocation of Dissolution was authorized on 7-27-23.					
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:	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)  MOISES A Polledo  (Typed or printed name of person signing)  President					
	(Title of person signing)					

Secretary of State

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles

FIRST:

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

LYFESTYLE CATERING INC

SECOND:

The document number of the corporation: P15000082375

THIRD:

The file date of the articles of incorporation: October 5, 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: MOISES POLLEDO

PRESIDENT

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

FILED Jul 13, 2023 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:

LYFESTYLE CATERING 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:

CORPORATION INSOLVENT WITH NO ASSETS TO ACCOUNT FOR

Malling address where claims can be sent:

9351 SW 56 STREET MIAMI, FL 33165

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: MOISES POLLEDO

Electronic Signature of the Person Filing