

P160000011863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

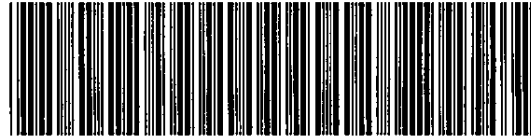
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300311621563

04/09/18--01014--003 \*\*43.75

FILED  
2018 APR 27 PM 3:50  
SECURITY  
TALLAHASSEE, FLORIDA

cc  
Rev. of DIS

APR 27 2018  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** APB ENTERPRISES INC

**DOCUMENT NUMBER:** P16000011863

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

Please return all correspondence concerning this matter to the following:

ALEXY DE POSADA

Name of Contact Person

APB ENTERPRISES INC

Firm/Company

14421 SW 10TH ST.

Address

MIAMI, FLORIDA.33184

City/State and Zip Code

alexey\_d@hotmail.com

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

For further information concerning this matter, please call:

ALEXY DE POSADA

Name of Contact Person

At ( 305 ) 3059277

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2018

ALEXY DE POSADA  
APB ENTERPRISES INC  
14421 SW 10TH ST  
MIAMI, FL 33184

SUBJECT: APB ENTERPRISES INC  
Ref. Number: P16000011863

We have received your document for APB ENTERPRISES INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Revocation must be adopted in the same manner as the Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 718A00007181

→ *Corrected. See Forms attached.*

RECEIVED  
18 APR 27 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: APB ENTERPRISES INC

SECOND: The document number of the corporation (if known) is P16000011863

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

filed with the Florida Department of State is 03/29/2018

**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 03/29/2018

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

*Alexy De Posada*  
(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)

ALEXY DE POSADA

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

FILED  
2018 APR 27 PM 3:00  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

**FILED**  
**Mar 29, 2018**  
**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:  
APB ENTERPRISES INC
- SECOND:** The document number of the corporation: P16000011863
- THIRD:** The file date of the articles of incorporation: February 4, 2016
- FOURTH:** None of the corporation's shares have been issued.  
The corporation has not commenced business.
- 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: ALEXY DE POSADA BALMORI PRESIDENT  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED  
Mar 29, 2018  
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:*

APB ENTERPRISES 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:*

BUSINESS CLOSED

*Mailing address where claims can be sent:*

14421 SW 10TH STREET  
14421 SW 10TH STREET  
MIAMI, FL 33184 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: ALEXY DE POSADA BALMORI

Electronic Signature of the Person Filing