

P17000009787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

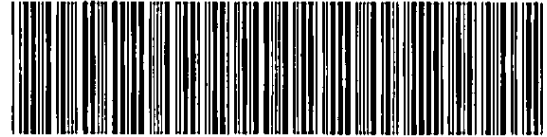
(Business Entity Name)

(Document Number)

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

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2018 NOV 29 PM 1:49  
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1 ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Specialist Painting Enterprises, Inc.

**DOCUMENT NUMBER:** P17000009787

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

Please return all correspondence concerning this matter to the following:

Jose F. Lopez, Jr.

Name of Contact Person

Specialist Painting Enterprises, Inc.

Firm/Company

832 SW 25th Street

Address

Fort Lauderdale, FL 33315

City/State and Zip Code

specialistpaintingjose@gmail.com

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

For further information concerning this matter, please call:

Jose F. Lopez, Jr.

Name of Contact Person

At ( 954 ) 471-8290

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: Specialist Painting Enterprises, Inc.

SECOND: The document number of the corporation (if known) is P17000009787.

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is November 21, 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.

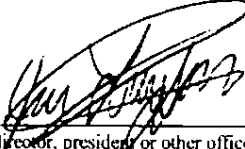
FOURTH: The Revocation of Dissolution was authorized on November 26, 2018.

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

  
(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)

Jose F. Lopez, Jr.

(Typed or printed name of person signing)

Vice President

(Title of person signing)

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2018 NOV 29 PM 1:49  
TALLAHASSEE, FL 32309

FILING FEE \$35

## ARTICLES OF DISSOLUTION

Signature: JOSE F. LOPEZ JR                      PRESIDENT  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED  
Nov 21, 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:

SPECIALIST PAINTING 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:

NAME, ADDRESS AND CONTACT INFORMATION FOR CLAIMANT

Mailing address where claims can be sent:

832 SW 25TH ST.  
FORT LAUDERDALE, FL 33315 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: JOSE F. LOPEZ JR

\_\_\_\_\_  
Electronic Signature of the Person Filing