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### **COVER LETTER**

**TO:** Amendment Section

Division of Corporations Expand Ventures Corp. NAME OF CORPORATION: 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: Oscar L. Elizaga Name of Contact Person Expand Ventures Corp. Firm/Company 50 Biscayne Blvd. #3501 Address Miami FL 33132 City/State and Zip Code oelizaga@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Oscar L. Elizaga 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 & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

### ARTICLES OF REVOCATION OF DISSOLUTION

Dissolution	ection 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:  Expand Ventures Corp.
SECOND:	The document number of the corporation (if known) is P17000016955
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution
	filed with the Florida Department of State is
FOURTH:	The Revocation of Dissolution was authorized on
FIFTH:	Adoption of Revocation of Dissolution (check one)
	<ul> <li>The board of directors revoked the dissolution.</li> <li>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.</li> <li>The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.</li> <li>The shareholders revoked the dissolution by voting groups - the number of votes cast by</li> </ul>
	(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)  Oscar L. Elizaga
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)

## 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:

EXPAND VENTURES CORP.

SECOND: The document number of the corporation: P17000016955

THIRD: The file date of the articles of incorporation: February 21, 2017

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: OSCAR L. ELIZAGA CEO

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

### FILED Aug 27, 2019 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:

EXPAND VENTURES 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:

NAME OF CLAIMANT, ADDRESS OF CLAIMANT, PHONE AND EMAIL OF CLAIMANT, AMOUNT OF THE CLAIM AND DOCUMENTS SUBSTANTIATING THE CLAIM

Mailing address where claims can be sent:

50 BISCAYNE BLVD. APT 3501 MIAMI, FL 33132

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: OSCAR L. ELIZAGA

Electronic Signature of the Person Filing