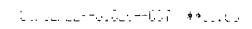
P17000054879

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COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: DRIFTWOOD HOMES II, CORP			
DOCUMENT NUMBER: P17000054879			
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ALAN B. MORRIS Name of Contact Person			
DRIPTWOOD HONES II COLP			
Firm/Company			
2163 NE PINE RIDGE ST	- · ·		
JENSEN BEACH, FR. 34957 City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
At (772) 215-0074 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (Additional copy is enclosed)}\$\$\$ Certified Copy (Additional copy is enclosed)\$\$\$ Certified Copy (Additional copy is enclosed)\$\$\$}\$			
Mailing Address: Street Address:			
Amendment Section Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314 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:

FIRST:	The name of the corporation is: Deiriwood Houtes II	, CUM	<u>e</u> p	
SECOND:	The document number of the corporation (if known) is P1700005	4879	— 7	
THIRD:	The effective date (or file date, if no effective date) of the Articles of Disso	lution		
	filed with the Florida Department of State is	uirements	, this da	ate will
FOURTH:	The Revocation of Dissolution was authorized on $\frac{\alpha + 9}{22}$	<u>.</u>		
FIFTH:	Adoption of Revocation of Dissolution (check one)			
SIXTH:	 The board of directors/incorporation revoked the dissolution. The board of directors revoked the dissolution authorized by the shareh revocation was permitted by action by the board of directors alone purs authorization. The shareholders revoked the dissolution and was authorized by the shareholders revoked the dissolution and was authorized by the shareholders revoked by this chapter and by the articles of incorporation. A copy of the Articles of Dissolution is attached. 	uant to t	hat	he
	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) ANN HORES (Typed or printed name of person signing)		2 Al II: 04	1 12 to 12 m
	(Title of person signing)			

FILING FEE \$35

Jun 29, 2022 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:

DRIFTWOOD HOMES II CORP.

SECOND:

The document number of the corporation: P17000054879

THIRD:

The file date of the articles of incorporation: June 23, 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, 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: ALAN MORRIS

PRES

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