P18000018165

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May 24, 2019

MAURICE P. CORREIA CORREIA & ASSOCIATES 4350 EXECUTIVE DRIVE STE 230 SAN DIEGO, CA 92121

SUBJECT: PROSERVE 2 CORP Ref. Number: P18000018165

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

THE ARTICLES OF DISSOLUTION SHOW THE DISSOLUTION WAS APPROVED BY THE SHAREHOLDERS. PLEASE AMEND YOUR DOCUMENT ACCORDINGLY AND RESUBMIT.

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.

Letter Number: 019A00010589

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PROSERVE 1	2 CORP	
DOCUMENT NUMBER: P18000018165	······	
The enclosed Articles of Revocation of Disso	olution and fee are submitted	for filing.
Please return all correspondence concerning t	his matter to the following:	
MAURICE P. CORREIA		
Name	of Contact Person	
CORREIA & ASSOCIATES		
F	irm/Company	
4350 EXECUTIVE DRIVE STE 230		
	Address	
SAN DIEGO, CA 92121		
City/S	tate and Zip Code	,
maurice@correiaassociates.com		
E-mail address: (to be used	d for future annual report notificat	ion)
For further information concerning this matte	r, please call:	
MAURICE P. CORREIA	858 875-110 At ()	00 X101
Name of Contact Person	 \	ne Telephone Number
Enclosed is a check for the following amount	:	
☐ \$35 Filing Fee	☐ \$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 Corportion Building 2661 Executive C	orations

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:	-	
SECOND:	The document number of the corporation (if known) is	~	
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution		
	filed with the Florida Department of State is	is date wi	HI.
FOURTH:	The Revocation of Dissolution was authorized on		
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 the authorization. The shareholders revoked the dissolution and the number of votes cast was suffici approval. The shareholders revoked the dissolution by voting groups - the number of votes or the number of vot	it ient for	
	was sufficient for approval.		
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)	19 JUN 20	A HERON DE C
	ZELJKO DEKOVIC (Typed or printed name of person signing)	Ž	CORPORATION
	PRESIDENT / SHAREHOLDER	<u>ક</u> સુર	

(Title of person signing)

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

PROSERVE 2 CORP

SECOND:

The document number of the corporation: P18000018165

THIRD:

The date dissolution was authorized: January 1, 2019

Effective date of dissolution: April 24, 2019

FOURTH:

Dissolution was approved by the shareholders. The number of votes cast for dissolution

was sufficient for approval.

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: ZELJKO DEKOVIC

PRESIDENT

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