

P18 0000 445 45

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

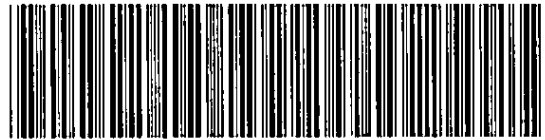
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/21--01017--001 **35.00

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JULIA A. BROWN, CLERK
TALLAHASSEE, FLORIDA

12/14/21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EL Menduco Corp

DOCUMENT NUMBER: P18000044545

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

Please return all correspondence concerning this matter to the following:

Sebastian Chiofalo
Name of Contact Person

EL Menduco Corp
Firm/Company

5701 Collins Ave #1514
Address

Miami, FL 33140
City/State and Zip Code

Alberaxe1@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sebastiana Chiofalo at (786) 319-0789
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 617.1404, Florida Statutes, this Florida not for 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 _____

EL Menduco Corp

SECOND: The document number of the corporation (if known) is P18000044545

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 04/02/2021

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 N/A

FIFTH: Adoption of revocation of dissolution (check one)

☐ The board of directors revoked the dissolution authorized by the members and revocation was permitted by action by the board of directors alone pursuant to that authorization.

☐ The members revoked the dissolution and the number of votes cast was sufficient for approval.

☐ The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.

☐ The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors. The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

☒ The incorporator or majority of the incorporators authorized the dissolution.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature _____

(By the chairman or vice chairman of the board, president or other officer, or by an incorporator, or trustee if applicable)

Typed or Printed Name

Sebastian Chiofalo

Title

President

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JACKSONVILLE, FLORIDA



DIVISION of
CORPORATIONS
an official State of Florida website

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Detail by Entity Name

Florida Profit Corporation

EL MENDUCO CORP

Filing Information

Document Number P18000044545

FEI/EIN Number 83-0604986

Date Filed 05/14/2018

State FL

Status ACTIVE

Principal Address

5701 COLLINS AVE

1514

MIAMI BEACH, FL 33140

Mailing Address

5701 COLLINS AVE

APT 1514

MIAMI BEACH, FL 33140

Registered Agent Name & Address

CHIOFALO, SEBASTIAN A

5701 COLLINS AVE

1514

MIAMI BEACH, FL 33140

Officer/Director Detail

Name & Address

Title P

CHIOFALO, SEBASTIAN A

5701 COLLINS AVE APT 1514

MIAMI BEACH, FL 33140

Annual Reports

A mistake was made
this Corp is to remain
active.

Report Year **Filed Date**

2019 04/08/2019

2020 04/03/2020

Document Images04/03/2020 -- ANNUAL REPORT [View image in PDF format](#)04/08/2019 -- ANNUAL REPORT [View image in PDF format](#)05/14/2018 -- Domestic Profit [View image in PDF format](#)

Florida DRIVER LICENSE

CLASS E

IDENTIFICATION NUMBER: **C140-781-67-290-0**

NAME: **CHIROFALO, SEBASTIAN ALBERTO**
1870 E COLLINS AVE APT 803
MIAMI BEACH, FL 33140

DOB: **08/10/1967** SEX: **M** HT: **5' 07"**
WEIGHT: **160** EYES: **B** HAIR: **B** SKIN: **A**

REST: **NONE**

SAFE DRIVER

ISS: **07/03/2013**
EXP: **07/03/2018**

Operation of a motor vehicle constitutes
consent to any sobriety test required by law