

P180000 49558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

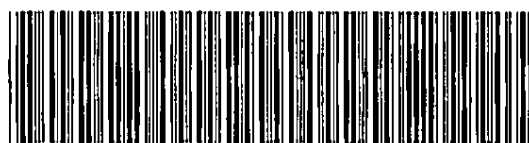
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB -4 PM 2:40

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FEB 12 2019
1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DEAN GABRIEL WILLIAMS ARTIUM BACCALAUREUS CORP

DOCUMENT NUMBER: P18000049558

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

Please return all correspondence concerning this matter to the following:

DEAN GABRIEL WILLIAMS

Name of Contact Person

DEAN GABRIEL WILLIAMS ARTIUM BACCALAUREUS CORPORATION

Firm/Company

5727 SW 27TH STREET

Address

WEST PARK, FL., 33023

City/State and Zip Code

DEAN@DGWAB.BIZ

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

For further information concerning this matter, please call:

DEAN GABRIEL WILLIAMS

Name of Contact Person

At (954) 934 8499

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: _____

DEAN GABRIEL WILLIAMS ARTIUM BACCALAUREUS CORPORATION

SECOND: The document number of the corporation (if known) is P18000049558

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is 31 DECEMBER 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 30 JANUARY 2019

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)

DEAN GABRIEL WILLIAMS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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2019 FEB -4 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
Dec 22, 2018
Secretary of State

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:
DEAN GABRIEL WILLIAMS ARTIUM BACCALAUREUS CORPORATION
- SECOND: The document number of the corporation: P18000049558
- THIRD: The date dissolution was authorized: December 22, 2018
Effective date of dissolution: December 31, 2018
- 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: DEAN GABRIEL WILLIAMS PRESIDENT

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