

P18 0000 83822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

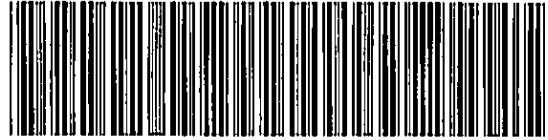
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 JUL -1 AM 11:15

OFFICE OF THE CLERK
STATE OF ALABAMA

Revocation

AUG 9 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

DYHLEID Service Corp

NAME OF CORPORATION: _____
P18000083822

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:

JULIO ARIAS ESCALANTE

Name of Contact Person

DYHLEID SERVICE CORP

Firm/Company

3210 MAYDELL DR

Address

TAMPA, FL 33619

City/State and Zip Code

henry01021974@gmail.com

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

20 JUL - 1 AM 11:16
REC'D
CORPORATION
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JULIO ARIAS ESCALANTE

813

804-9448

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 &
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 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:

DYHLEID SERVICE CORP

FIRST: The name of the corporation is: _____

P18000083822

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
05/11/2020

filed with the Florida Department of State is _____

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.

06/26/2020

FOURTH: The Revocation of Dissolution was authorized on _____

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☑ The board of directors/incorporation 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 was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

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

Signature

[Handwritten 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;

JULIO ARIAS ESCALANTE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35

JUL - 1 AM 11:11