P19000006868

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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: DAGMAR DESIGNS INC.
DOCUMENT NUMBER: P190000 6868
The enclosed <i>Articles of Revocation of Dissolution</i> and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
IRIS DAGMAR LOMBANDO Name of Contact Person
Name of Contact Person
DAGMAR DESIGNS Firm/Company
17062 SW 91st Terrace
Midmi Florida 33196 City/State and Zip Code
dagmarlombardo 9 a gmail, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Enclosed is a check for the following amount: At (186) 218 006 Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
S35 Filing Fee
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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: DAGMAR DESIGNS TWO.
SECOND:	The document number of the corporation (if known) is P1900006868
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution
	filed with the Florida Department of State is
FOURTH:	The Revocation of Dissolution was authorized on $\frac{4/02/20/9}{}$.
Presion	Adoption of Revocation of Dissolution (check one)
	 □ The board of directors 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
SIXTH	A copy of the Articles of Dissolution is attached

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)

(Typed or printed name of person signing)

(Title of person signing)

FILED Apr 02, 2019 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:

DAGMAR DESIGNS, INC.

SECOND:

The document number of the corporation: P19000006868

THIRD:

The file date of the articles of incorporation: January 24, 2019

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 have been distributed to

the shareholders, if shares were issued.

SEVENTH:

A majority of the incorporators 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: IRIS DAGMAR LOMBARDO

PRESIDENT

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

FILED Apr 02, 2019 Secretary of State

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

DAGMAR DESIGNS, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

GOING BACK TO WORK FULL TIME.

Mailing address where claims can be sent:

17062 SW 91 TERRACE HOME MIAMI, FL 33196

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

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: IRIS DAGMAR LOMBARDO

Electronic Signature of the Person Filing