

P19000076077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

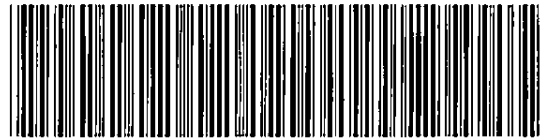
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2024 AUG -6 PM 2:37  
SECRETARY OF STATE  
DOVER, DE 19901

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** VENI CREATOR CHRISTIAN UNIVERSITY CORP

**DOCUMENT NUMBER:** P19000076677

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

Please return all correspondence concerning this matter to the following:

MARIA JOSEFA DA SILVA GAUDIO

Name of Contact Person

ONIX INSTITUTE IMPROVEMENT BUSINESS LLC

Firm/Company

14933 DRIFTWATER DR

Address

WINTER GARDEN FLORIDA ZIP 34787

City/State and Zip Code

JO\_CONTAB@HOTMAIL.COM

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

For further information concerning this matter, please call:

MARIA JOSEFA DA SILVA GAUDIO

Name of Contact Person

At ( 407 ) 2884841

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

*Maria Josefa da Silva Gaudio*

## 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: VENI CREATOR CHRISTIAN UNIVERSITY CORP

SECOND: The document number of the corporation (if known) is P19000076677

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution  
filed with the Florida Department of State is 09/30/2019

**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 07/22/2024

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 Acilina da Silva Candea

(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)

ACILINA DA SILVA CANDEIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE \$35**

FILED  
2024 AUG -6 PM 2:37  
CLERK OF THE COURT  
JACKSONVILLE, FLORIDA

FILED  
Jul 22, 2024  
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:  
VENI CREATOR CHRISTIAN UNIVERSITY CORP
- SECOND: The document number of the corporation: P19000076677
- THIRD: The file date of the articles of incorporation: September 30, 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, if any, have been distributed.
- SEVENTH: A majority of the incorporators or directors 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: CANDEIA, ACILINA DA SILVA DIRECTOR

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

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Signature Acilina da Silva Candia

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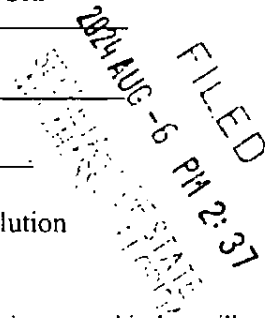
ACILINA DA SILVA CANDEIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE \$35**



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