

P20 000028123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

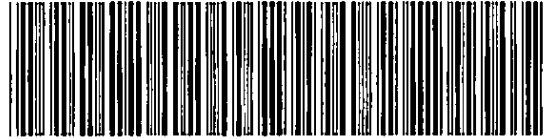
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/19/21--01025--011 **35.00

FILED

2021 APR 19 PM 1:24

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Ex v. DIS

JUN 18 2021
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Insurance Recovery, Inc.
DOCUMENT NUMBER: P2(XXXX)28123

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

Please return all correspondence concerning this matter to the following:

Stefanie Basta

Name of Contact Person

Firm/Company

5625 NW 121st Avenue

Address

Coral Springs, FL 33076

City/State and Zip Code

FLinsurancerecovery@outlook.com

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

For further information concerning this matter, please call:

Stefanie Basta

954

600-9881

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:

FIRST: The name of the corporation is: Florida Insurance Recovery, Inc

SECOND: The document number of the corporation (if known) is P200000028123

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

04/14/2021
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.

FOURTH: The Revocation of Dissolution was authorized on 04/16/2021

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 Stefanie Basta
(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)

Stefanie Basta

(Typed or printed name of person signing)

President/ CEO

(Title of person signing)

FILED
2021 APR 19 PM 1:24
CLERK OF CIRCUIT COURT
JACKSONVILLE, FL

FILING FEE \$35

ARTICLES OF DISSOLUTION

Signature: STEFANIE BASTA PRESIDENT

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

FILED
Mar 15, 2021
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:

FLORIDA INSURANCE RECOVERY, 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:

THIS COMPANY WAS NEVER ABLE TO MAKE MONEY DUE TO COVID AND UPKEEP OF FILINGS IS CURRENTLY NOT DO-ABLE

Mailing address where claims can be sent:

5625 NW 121ST AVE
CORAL SPRINGS, FL 33076

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: STEFANIE BASTA

Electronic Signature of the Person Filing