

P220000062612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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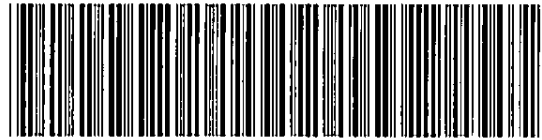
(Business Entity Name)

(Document Number)

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08/05/24--01005--004 **35.00

2024-08-05 PM 2:16

FILE

IS FURT

08/05/24

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sao Luis University Corporation

DOCUMENT NUMBER: P22000062612

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

Please return all correspondence concerning this matter to the following:

Louana Oliveira

Name of Contact Person

Avros Corporation

Firm/Company

806 Verona Street, Suite 1

Address

Kissimmee, FL 34741

City/State and Zip Code

louana!+@avros.us

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

For further information concerning this matter, please call:

Louana Oliveira

Name of Contact Person

At (305) 904-6643

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: Sao Luis University Corporation

SECOND: The document number of the corporation (if known) is P22000062612

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

July 17, 2024
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 July 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 Reginaldo de Freitas

(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)

Reginaldo de Freitas

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

FILED
JUL 22 2024
TALLAHASSEE, FL

AFFIDAVIT

State of Florida

2024 JUL 22 PM 2:16

I, Reginaldo de Freitas, being duly sworn, depose and say:

I am the Director-Owner of São Luís University, a corporation duly constituted and registered in the State of Florida, Division of Corporations with the FEI/EIN Number 36-5032780.

On July 17, 2024, a request for voluntary dissolution was filed without my authorization or that of my responsible accountant, leading to the inactivation of São Luís University, as per document number: P22000062612.

I hereby affirm that neither I nor my authorized accountant made or approved this request for dissolution. I request the immediate reinstatement of São Luís University to its active status as it was before this unauthorized event.

Furthermore, I request an investigation into this unauthorized dissolution request to identify the individual or entity responsible for this action, which has caused damage to the reputation of São Luís University.

I declare under penalty of perjury under the laws of the State of Florida that the foregoing is true and correct.

Reginaldo de Freitas

Director-owner

(305)306-2157

Dated this 22 day of July, 2024.

Signature:

Reginaldo de Freitas

State of FL County of MIAMI DADE

The foregoing instrument was acknowledged before me
this 22 day of JULY, 2024.
by REGINALDO DE FREITAS

Notary Public
My Commission Expires MARCH 13, 2027



Vitor Hugo Veras De Avelar
Comm.: HH 372718
Expires: March 13, 2027
Notary Public - State of Florida

[Signature]

ARTICLES OF DISSOLUTION

Signature: REGINALDO DE FREITAS PRESIDENT

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