

P23 0000 11724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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04/08/24--01033--001 \*\*35.00

2004-08-08 AM 7:34  
CLERK OF STATE  
TAMPA, FL

ED

R. HUNT  
04/08/24

Division of Corporations

April 5, 2024

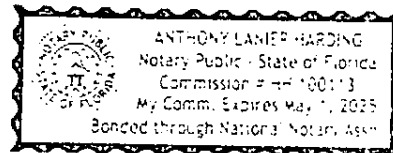
To whom it may concern,

I am writing this letter on behalf of W-D VETERAN OWNED CORP. In reference to document P23000011724. This is in regards to the conversation I had with Christian. I am writing this to say the articles of dissolution were created fraudulently. I think it could be an old business associate that did this. They filed 2-16-2024. We emphatically feel fraud was committed and we did not authorize the corporate dissolution. I've enclosed the articles of revocation of dissolution.

Timothy Delapaz



State of Florida  
County of Suwannee  
On this 5th day of April 2024  
before me personally appeared  
Timothy Delapaz  
to me known to be the person who executed the  
foregoing instrument, and acknowledged that he  
executed the same as his free act and deed.  
SEAL (signed) Anthony Lanier Harding  
NOTARY PUBLIC



REC'D  
3-8 AM 7:31  
OFFICE OF STATE  
COMPTROLLER, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** W-D VETERAN OWNED CORP

**DOCUMENT NUMBER:** P23000011724

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

Please return all correspondence concerning this matter to the following:

TIMOTHY DELAPAZ

Name of Contact Person

W-D VETERAN OWNED CORP

Firm/Company

9951 ATLANTIC BLVD #246

Address

JACKSONVILLE FL 32225

City/State and Zip Code

tim@wdsdvosb.com

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

For further information concerning this matter, please call:

TIMOTHY DELAPAZ At ( 904 ) 3344707  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                     |                                                                     |                                                                                            |                                                                                                                   |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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: W-D VETERAN OWNED CORP

SECOND: The document number of the corporation (if known) is P23000011724

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

filed with the Florida Department of State is 2/16/24

**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.

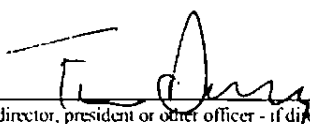
FOURTH: The Revocation of Dissolution was authorized on 4/4/24

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

  
(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)

TIMOTHY DELAPAZ

(Typed or printed name of person signing)

VP

(Title of person signing)

FILED  
OFFICE OF THE CLERK  
STATE OF FLORIDA  
TALLAHASSEE, FL  
2024 APR 16 AM 7:34  
33D

**FILING FEE \$35**

FILED  
Feb 16, 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:  
W-D VETERAN OWNED CORP
- SECOND: The document number of the corporation: P23000011724
- THIRD: The file date of the articles of incorporation: February 7, 2023
- 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: TIMOTHY DELAPAZ VP  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED  
FEB 16 2024  
AM 7:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
Feb 16, 2024  
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:

W-D VETERAN OWNED CORP

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 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.

Mailing address where claims can be sent:

4921 BLOUNT VISTA CT  
JACKSONVILLE, FL 32225

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: TIMOTHY DELAPAZ

Electronic Signature of the Person Filing

FILED  
FEB 16 2024  
AM 7:35  
CLERK OF STATE  
TALLAHASSEE, FL