## 121000000157

(Requestor's Name)	
(Address)	9004
(Address)	3004
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	03/27/24
(Document Number)	
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03/27/24

## **COVER LETTER**

TO: Amendment Section Division of Corporations DISSOLUTION SUBJECT: DOCUMENT NUMBER: 1034000000157 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DEBORAH ARONOVICE (Name of Contact Person) RESINATING ART INC. (Firm/Company) 12008 SW WHITEWATER FALLS CT (Address) PORT ST LUCIE, FL 34987 (City/State and Zip Code) For further information concerning this matter, please call: DEBORAH ARONOVICE (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **Mailing Address:** Street Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  RESINATING ART INC			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date not be listed as the document's effective date on the Department of State's records.	 : will		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
Ş	Signature: Deboul Acoust  (By a director, president or other officer - if directors or other shave not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
[] 	DEBORAH ARONOVICI			
	(Typed or printed name of person signing)			
	PRESIDENT			
-	(Title of person signing)			

Filing Fee: \$35

## 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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:	
The above named corporation is the subject of dissolution and the effective date of a d 12/31/2023	issolution is:
(date filed with the Dept. if date specified in the Arreles of Dissolution	(1)
Description of information that must be included in a claim:	*
BUSINESS NEVER FULLY OPENED, OWNER FUNDED, HAS NO OUTSTANDING DEI	ST. HAS NO CREDITORS.
THE BANK ACCOUNT IS CLOSED, BUSINESS WAS FILED AS FINAL AS OF 12/31/20.	3. 2. 69
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	FA 3
Mailing address where written claims can be sent: (Claims cannot be sent to the Divisi  12008 SW WHITEWATER FALLS CT, PORT ST LUCIE, FL 34987	
A claim against the above named corporation will be barred unless a proceeding to enf	Force the claim is commenced
within 4 years after the filing of this notice.  DEBORAH ARONOVICI	d Capana
Printed Name of the Person Viling Signature of	of the Person Filing