

P 93000041832

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2019 NOV 19 PM 7:39
SECRETARY OF STATE

To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : BRINKLEY, MORGAN
Account Number : 076077003213
Phone : (954) 522-2200
Fax Number : (954) 522-9123

STATEMENT
NOV 20 2019

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2019 NOV 19 PM 3:24

REVOCATION OF DISSOLUTION
PMG ENTERPRISES, INC.

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$52.50

Revocation of Dissolution

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PMG ENTERPRISES, INC

DOCUMENT NUMBER: P93000041832

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

Please return all correspondence concerning this matter to the following:

WILLIAM T. COLEMAN
Name of Contact Person

BRINKLEY MORGAN
Firm/Company

ONE FINANCIAL PLAZA, 100 SE 3RD AVENUE, 23RD FLOOR
Address

FORT LAUDERDALE, FL 33394
City/State and Zip Code

william.coleman@brinkleymorgan.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM T. COLEMAN At (954) 522-2200
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Piling Fee
- \$43.75 Piling 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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H19000318582 3

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:
PMG Enterprises, Inc.

SECOND: The document number of the corporation (if known): P93000041832

THIRD: The date dissolution was authorized: 10/25/2019
Effective date of dissolution if applicable: 12/01/2019
(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 will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)


Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

Peter Gaydn

(Typed or printed name of person signing)

President of PMG Enterprises, Inc.

(Title of person signing)

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19 OCT 28 AM 8:35
DEPT. OF STATE
TALLAHASSEE, FL 32399

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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: PMG Enterprises, 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:

- 1. The name and address of the claimant; 2. A description of the nature of the claim; 3. If known, the amount of the claim;
- and 4. If the amount of the claim is unknown, an estimate of the amount of the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

William T. Coleman, Brickley Morgan, 100 SE Third Avenue, 23rd Floor, Fort Lauderdale, FL 33394

FILED
 19 OCT 28 AM 6:35
 DIVISION OF CORPORATIONS
 FLORIDA

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.

Peter Gayda
 Printed Name of the Person Filing

[Signature]
 Signature of the Person Filing