

P95000010204

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(Document Number)

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TALLAHASSEE, FLORIDA

Reception of
Dissolution
CPLR

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Angel Gardens, Inc.

DOCUMENT NUMBER: P95000010204

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

Please return all correspondence concerning this matter to the following:

Pamela Greenwald
(Name of Contact Person)

Angel Gardens
(Firm/Company)

P.O. Box 1106
(Address)

Alachua FL 32616
(City/State and Zip Code)

RECEIVED
07 JUL 11 AM 8:00
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Pam Greenwald at (352) 359-1133
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

PAID

☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 Angel Gardens, Inc.

SECOND: The document number of the corporation (if known) is P95000010204

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 6/17/07.

FOURTH: The Revocation of Dissolution was authorized on 6/27/07.

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.
- ☒ The incorporators 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 the number of votes cast was sufficient for approval.
- ☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by _____ was sufficient for approval.
(voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

Signature Pamela Greenwald
(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)

Pamela Greenwald
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE \$35

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07 JUL 12 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL 12 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten: 4/28/12/07

DOCUMENT # P95000010204		
1. Entity Name ANGEL GARDENS, INC.		

Principal Place of Business 10100 NW 13 ST GAINESVILLE, FL 32653-970 US	Mailing Address 10100 NW 13 ST GAINESVILLE, FL 32653-970 US
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2. Principal Place of Business - No P.O. Box # Angel Gardens, Inc. 14228 NW 222 Pl. Suite, Apt. #, etc. Alachua, Florida City & State 32615 Zip Country USA		3. Mailing Address Angel Gardens, Inc. P.O. Box 1106 Suite, Apt. #, etc. Alachua Florida City & State 32616 Zip Country USA	
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06272007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3299281	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENEWALD, PAMELA 14262 NW 222 PL ALACHUA, FL 32615		7. Name and Address of New Registered Agent Name Pamela Greenwald Street Address (P.O. Box Number is Not Acceptable) 14228 NW 222 Pl. Alachua City FL Zip Code 32615	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pamela Greenwald <small>Signature, typed or printed name of registered agent and title, applicable</small>	President <small>(NOTE: Registered Agent signature required when reinstating)</small>	06/27/07 <small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENEWALD, PAMELA 14262 NW 222 PLACE ALACHUA, FL 32615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greenevald, Pamela 14228 NW 222 Pl. Alachua, FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENWALD, JAMES 14262 NW 222 PLACE ALACHUA, FL 32615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greenevald, James 14228 NW 222 Pl. Alachua, FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela Greenwald <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	06/27/07 <small>Date</small>	352-359-1133 <small>Daytime Phone #</small>
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