P96000035759

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity/State/2/p// Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEF FIRE

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COVER LETTER

TO: Amendment Section
Division of Corporations

M'1.	The range The
NAME OF CORPORATION: //// L/4	4 YOUNG HEROUNANG & DUSUIANCE INC.
DOCUMENT NUMBER: 196000	9 YOUNG Accounting & INSURANCE INC.
The enclosed Articles of Revocation of Dissolut	tion and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Michille Your	Contact Person)
(Name of	Contact Person)
(Firm	n/Company)
3419 57 John S	= / Mailing PO BOY 22733 Address) TAMPA PU 33622
· · · · · · · · · · · · · · · · · · ·	Address) TAMPA PU 33622
TAMPA PJ 330	e and Zip Code)
(City/Stat	e and Zip Code)
For further information concerning this matter, p	please call:
Michelle Your (Name of Contact Person)	at (813) 245-1307 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	<i>,</i>
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee El 32314	2661 Evecutive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2007

MICHELLE YOUNG PO BOX 22733 TAMPA, FL 33622

SUBJECT: MILA & YOUNG ACCOUNTING & INSURANCE, INC.

Ref. Number: P96000035759

Rec. 7-14-08

We have received your document for MILA & YOUNG ACCOUNTING & INSURANCE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 607A00061055

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Division of Companytions D.O. DOV 6297 Mallahaggas Florida 29914

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 Mila & Jount Accounting & Insurance I
SECOND:	The document number of the corporation (if known) is $\frac{9600035759}{}$
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is \(\frac{4/az/9c}{}. \)
FOURTH:	The Revocation of Dissolution was authorized on
FIFTH:	Adoption of Revocation of Dissolution (check one)
	 □ The board of directors revoked the dissolution. □ The incorporators 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.
SIXTH:	A copy of the Articles of Dissolution is attached. Signature Micrical Journal (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)
	(Typed or printed name of person signing)

ARTICLES OF DISSOLUTION

Pursuant to articles of o	ection 607.1401, Florida Statutes, this Florida profit corporation submits the fosolution:	ollowing	
FIRST:	The name of the corporation as currently filed with the Florida Department of	f State:	
	The document number of the corporation (if known): P9600003	, IHC	
SECOND:	The document number of the corporation (if known):	35759	
THIRD:	The file date of the articles of incorporation: 4/22/96		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.	O7 OF	
	The corporation has not commenced business.	07 OCT 29 SECRETAR FALLAHASS	F
FIFTH:	No debt of the corporation remains unpaid.	PA PA PA	Eğ
SIXTH:	The net assets of the corporation remaining after winding up have been distributed the shareholders, if shares were issued.	2: 22 FLORIDA FLORIDA	•
SEVENTH	Adoption of Dissolution (CHECK ONE)	r	
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
STATE OF THE STATE OF			
	Michell Jones		
Sigr	(By a director, president or other officer if directors or officers have not been selected, by an incomin the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	rporator - if	-* *
	Michelle Yound (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: MILA & JOUND HEROUSTING & JUSTIMICE INC
	Date of dissolution will be the date the dissolution is filed with the Department of State or as
) and the second distriction of	specified in the project of Dissibution.
	Description of information that must be included in a claim:
	HO CLAINS WIGH OUT SIGNATURE O CONTINUETS by AN ORRIGERS
	Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
•	PO Box 22733
files	
	Tomas Pa 33133
	7AMPA 19 33622
	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.
	Mianus Gona
	Michille Your Michille Jones
	Printed Name of the Person Filing Signature of the Person King
	,

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00