

P96000065744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

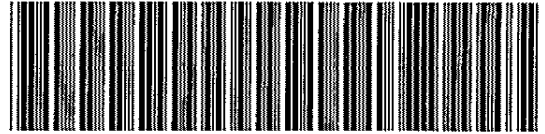
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/08/05--01037--012 \*\*35.00

FILED  
05 AUG -8 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VOLDIS w. NOTIC  
08/08/10

**Florida Department of State  
Division of Corporations  
Transmittal Letter**

**Recipient:**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Sender:**

Barry M. Deets, Esquire  
Law Office of Barry M. Deets, PA  
P. O. Box 7910  
Port St. Lucie, FL 34985  
Phone: (772) 621-8101  
Fax: (772) 621-8416

**Corporation Name & Document Number (If Known)**

Restoration & Estimating Services, Inc.  
Name

P96000065744  
FL Document Number

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

Amendments	
<input type="checkbox"/>	Articles of Incorporation
<input type="checkbox"/>	Resignation of Registered Agent
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Resignation of Officer / Director
<input checked="" type="checkbox"/>	Dissolution

Registration / Qualification	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Amount Enclosed:     \$35.00

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Restoration & Estimating Services, Inc

**DOCUMENT NUMBER:** P96000065744

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

Please return all correspondence concerning this matter to the following:

Barry M. Deets, Esq.

(Name of Person)

Law Office of Barry M. Deets, PA

(Name of Firm/Company)

P. O. Box 7910

(Address)

Port St. Lucie, FL 34985

(City/State/and Zip Code)

For further information concerning this matter, please call:

Barry M. Deets

(Name of Person)

at ( 772 ) 621-8101

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

Restoration & Estimating Services, Inc.

SECOND: The document number of the corporation (if known): P96000065744

THIRD: The date dissolution was authorized: 7/15/05

Effective date of dissolution if applicable: Date Rec'd By Dept of State

(no more than 90 days after dissolution file date)

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 of 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)

Signed this 30 day of July, 2005

Signature: Don Jacobsen

(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)

Ronnie N. Jacobsen

(Typed or printed name of person signing)

President and Majority Shareholder

(Title of person signing)

Filing Fee: \$35

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: Restoration & Estimating Services, 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:

Name of insurance company, name of insured, address of  
insured, claim number, amount, copy of estimate, basis for  
claim, original adjuster's name, current contact information  
for insurance company and insured (phone, address, fax).

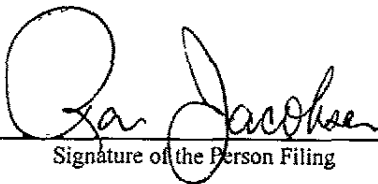
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Mr. Ronnie N. Jacobsen  
9800 Golden Russet Drive  
Dunkirk, MD 20754

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.

Mr. Ronnie N. Jacobsen

Printed Name of the Person Filing



Signature of the Person Filing

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