P96000096054

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MINNESOTA S	TAR, INC	
DOCUMENT NUMBER: P96000096054		
The enclosed Articles of Revocation of Dissolu	tion and fee are submitted	for filing.
Please return all correspondence concerning this	s matter to the following:	
Sandra I. Corace, VP		
Name of	Contact Person	
RE/MAX of the Islands		
Firm	n/Company	
2400 Palm Ridge Road, C1		
	Address	
Sanibel, FL 33957		
City/Stat	te and Zip Code	
slcorace@gmail.com		
E-mail address: (to be used f	or future annual report notifica	tion)
For further information concerning this matter,	please call:	
Sandra Corace	At ()851-083	
Name of Contact Person	Area Code & Daytir	ne Telephone Number
Enclosed is a check for the following amount:		
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	Q	

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF REVOCATION OF DISSOLUTION

FIRST:	The name of the corporation is:	
	The name of the corporation is:	
SECOND:	The document number of the corporation (if known) is P96000096054	·
THIRD:	The effective date (or file date, if no effective date) of the Articles of D	vissolution
	filed with the Florida Department of State is Note: If the date inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of State's records	g requirements, this date w
FOURTH:	The Revocation of Dissolution was authorized on	<u>.</u>
FIFTH:	Adoption of Revocation of Dissolution (check one)	
	 The board of directors/incorporation revoked the dissolution. The board of directors revoked the dissolution authorized by the sh revocation was permitted by action by the board of directors alone authorization. The shareholders revoked the dissolution and was authorized by the manner required by this chapter and by the articles of incorporation. 	pursuant to that e shareholders in the
SIXTH:	A copy of the Articles of Dissolution is attached.	

FILING FEE \$35

FILED Feb 16, 2023 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

MINNESOTA STAR, INC.

SECOND: The document number of the corporation: P96000096054

THIRD: The date dissolution was authorized: December 31, 2022

FOURTH: Dissolution was approved by the shareholders in the manner required by this chapter

and by Articles of Incorporation.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: SANDRA L CORACE OFFICER

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED Feb 16, 2023 Secretary of State

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.

Name of Corporation:

MINNESOTA STAR, 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:

OUT OF BUSINESS DUE TO HURRICANE IAN. EFFECTIVE DISSOLUTION DATE: 12/31/2022

Mailing address where claims can be sent:

SANDRA L CORACE 7559 TWIN EAGLE LANE FORT MYERS, FL 33912 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: SANDRA L CORACE

Electronic Signature of the Person Filing