

P97000091763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

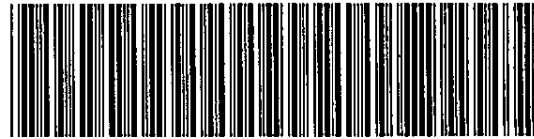
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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revocation of
diss

02/22/16--01036--029 **35.00

FILED
16 MAR -2 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 02 2016

A RAMSEY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2016

CAROLINA HOUSTON
COURTHOUSE SHADOWS CONSOLIDATED HOLDINGS
2438 FOWLER ST.
FT. MYERS, FL 33901

SUBJECT: COURTHOUSE SHADOWS CONSOLIDATED HOLDINGS, INC.
Ref. Number: P97000091763

We have received your document for COURTHOUSE SHADOWS CONSOLIDATED HOLDINGS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The file date of the dissolution is incorrect and the Revocation of Dissolution must be adopted in the same manner as the Articles of Dissolution.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 016A00003805

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Court House Shadows Consolidated Holdings
DOCUMENT NUMBER: P97000091763 Inc.

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

Please return all correspondence concerning this matter to the following:

Carolina Houston

Name of Contact Person

Court House Shadows

Firm/Company

2438 Fowler St.

Address

Ft Myers FL 33901

City/State and Zip Code

Solcarolina 79@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Houston

Name of Contact Person

At (239) 571-0982 239-337-1656

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, 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: CovetHouse Shadows Consolidated Holdings, Inc.

SECOND: The document number of the corporation (if known) is P97000091763

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is 2/18/16

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: The Revocation of Dissolution was authorized on 2/19/16

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

Joseph Husby
(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)

Carolina Houston
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE \$35

FILED
Feb 18, 2016
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:
COURTHOUSE SHADOWS CONSOLIDATED HOLDINGS, INC.
- SECOND: The document number of the corporation: P97000091763
- THIRD: The date dissolution was authorized: December 27, 2015
Effective date of dissolution: February 18, 2016
- FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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: JOSEPH HOUSTON BY CAROLINA HOUSTON PRESIDENT

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

FILED
Feb 18, 2016
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:

COURTHOUSE SHADOWS CONSOLIDATED HOLDINGS, 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:

DISSOLUTION

Mailing address where claims can be sent:

2438 FOWLER ST
FT MYERS, FL 33901

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: JOSEPH HOUSTON BY CAROLINA HOUSTON

Electronic Signature of the Person Filing