# P97000094737

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SECRETARY OF STATE

JIVISION OF CORPORATION

JUN 02 2017 C MCNAIR

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Buysmart Insuance Inc.

DOCUMENT NUMBER: P970000 94737

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

Please return all correspondence concerning this matter to the following:

Beater Estrada	
Name of Contact Person	
Buysmart Insuance Inc	
Firm/Company	
190 n. Homesterd Blvo.	
Address	
Horrestead, Pla. 33033	
City/State and Zip Code	
Bettye 1113 e. icloud. Com  E-mail address: (to be used for future annual report notification)	
E-mail address. (to be used for future annual report normeation)	

For further information concerning this matter, please call:

Beatriz Estrada At (75/6) - 255 - 9/29

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- □ \$35 Filing Fee \$43.75 Fil
  - \$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: Buysman Inschance, J-nc
SECOND:	The document number of the corporation (if known) is P970000 94737
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution
	filed with the Florida Department of State is 512417.  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 5 3 1
FIFTH:	Adoption of Revocation of Dissolution (check one)
	<ul> <li>The board of directors revoked the dissolution.</li> <li>The incorporators revoked the dissolution.</li> <li>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.</li> <li>The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.</li> <li>The shareholders revoked the dissolution by voting groups - the number of votes cast by was sufficient for approval.</li> </ul>
	(Voting group) was sufficient for approval.
SIXTH:	A copy of the Articles of Dissolution is attached.  Signature  (By a director, president or other office) if thirectors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that viduciary)
	Beatraz Estranya (Typed or printed name of person signing)
	Precident (Title of person signing)

#### ARTICLES OF DISSOLUTION

Pursuant to section 607 1401, 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:

BUYSMART INSURANCE, INC.

SECOND:

The document number of the corporation: P97000094737

THIRD:

The file date of the articles of incorporation: November 5, 1997

FOURTH:

None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH:

No debt of the corporation remains unpaid.

SIXTH:

The net assets of the corporation remaining after winding up have been distributed to

the shareholders, if shares were issued.

SEVENTH:

A majority of the directors authorized the dissolution.

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: BEATRIZ ESTRADA

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