

554994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

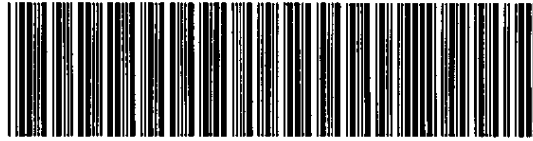
(Business Entity Name)

(Document Number)

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15 FEB 13 AM 8:01  
SECRETARY OF STATE  
DIVISION OF CORPORATION

C.L.  
2-19-15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AUSTIN SO COMPANY

S54994

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

SHELLEY MARCIANO

\_\_\_\_\_  
Name of Contact Person

WLD ENTERPRISES, INC.

\_\_\_\_\_  
Firm/Company

401 E LAS OLAS BLVD., SUITE 2200

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33301

\_\_\_\_\_  
City/State and Zip Code

CLONG@WLDENT.COM

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

For further information concerning this matter, please call:

SHELLEY MARCIANO

\_\_\_\_\_  
Name of Contact Person

At ( 954 ) 523-7771

\_\_\_\_\_  
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: AUSTIN SO COMPANY

SECOND: The document number of the corporation (if known) is S54994

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 11/30/2014


FOURTH: The Revocation of Dissolution was authorized on 2/12/2015

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

  
(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)

David W. Horvitz

(Typed or printed name of person signing)

President

(Title of person signing)

FILED  
15 FEB 13 AM 8:01

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILING FEE \$35

**FILED**  
**Nov 07, 2014**  
**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:  
AUSTIN S O COMPANY
- SECOND:** The document number of the corporation: S54994
- THIRD:** The date dissolution was authorized: November 1, 2014  
Effective date of dissolution: November 30, 2014
- 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: DAVID W. HORVITZ PRESIDENT  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

**FILED**  
**Nov 07, 2014**  
**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:

AUSTIN S O COMPANY

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 CLAIMANT. ORIGINATION DATE AND AMOUNT OF CLAIM. REASON FOR CLAIM / PAYMENT  
DUE. EFFORTS MADE TO COLLECT / CONTACTS USED IN COLLECTION EFFORTS.

Mailing address where claims can be sent:

401 EAST LAS OLAS BLVD.  
SUITE 2200  
FORT LAUDERDALE, FL 33301 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: DAVID W. HORVITZ

\_\_\_\_\_  
Electronic Signature of the Person Filing