

V 49393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

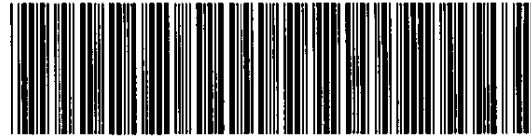
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/12--01036--010 **35.00

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FILED
2012 JUL 30 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FL 32304

JUL 30 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2012

LUIS E. LOZANO
LOZANO ENTERPRISES CORP
2606 W HAVANA DR
MIRAMAR, FL 33023

SUBJECT: LOZANO ENTERPRISES CORP.
Ref. Number: V49393

We have received your document for LOZANO ENTERPRISES CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please show the dissolution month, day and year. Also, show mailing address where claims can be sent to on Notice of Corporate 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.

Tina Roberts
Regulatory Specialist II

Letter Number: 212A00018842

RECEIVED
DIVISION OF CORPORATIONS
JUL 16 2012

2012 JUL 30 AM 11:00

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lozano Enterprises Corporation

DOCUMENT NUMBER: v49393

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

Please return all correspondence concerning this matter to the following:

LUIS E LOZANO

Name of Contact Person

LOZANO ENTERPRISES CORP

Firm/Company

2606 W HAVANA DRIVE,

Address

MIRAMAR, FL 33023

City/State and Zip Code

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

For further information concerning this matter, please call:

LUIS LOZANO C/O:REY'S CORPORATION at (**786**) **985-6038**

Name of Contact Person

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 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:

LOZANO ENTERPRISES CORP.

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

THIRD: The date dissolution was authorized: 8/1/2011 10:30 A.M. SP

Effective date of dissolution if applicable: _____
(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 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

Juan E. Borro-L.
(voting group)

Signature: X

(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)

Juan E. Borro-L.
(Typed or printed name of person signing)

President
(Title of person signing)

FILED
2012 JUL 30 PM 12:03
CLERK 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: LOZANO ENTERPRISES CORP.

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:

NONE

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

"SAME"
2606 W HAVANA DRIVE
MIAMI, FL 33023

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.

John E. Forme

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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