

V 50599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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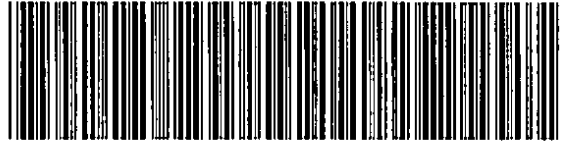
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PATRICIA ROY POTTS INSURANCE AGENCY, INC.
DOCUMENT NUMBER: V50599

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

Please return all correspondence concerning this matter to the following:

PATRICIA ROY DUNN
Name of Contact Person

PATRICIA ROY POTTS INSURANCE AGENCY, INC.
Firm/Company

4644 W. GANDY BLVD, SUITE 5
Address

TAMPA, FLORIDA 33611
City/State and Zip Code

pdunn59@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA ROY DUNN At (813) 230-3560
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: PATRICIA ROY POTTS
INSURANCE AGENCY, INC.

SECOND: The document number of the corporation (if known) is V50599.

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution
filed with the Florida Department of State is 12/31/2021.

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 12/17/2021.

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 shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☒ The shareholders revoked the dissolution and was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

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)

PATRICIA ROY DUNN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2021 DEC 20 AM 11:51
FILED
CLERK OF THE COURT
JACKSONVILLE, FLORIDA

FILING FEE \$35

FILED
Nov 19, 2021
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:
PATRICIA ROY POTTS INSURANCE AGENCY, INC.
- SECOND: The document number of the corporation: V50599
- THIRD: The date dissolution was authorized: November 19, 2021
Effective date of dissolution: December 31, 2021
- 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: PATRICIA ROY DUNN PRESIDENT

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