# V62160

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(Requestor's Name)			
•			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
· (Document Number)			
Certified Copies Certificates of Status			
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SECRETARY OF STATE OF STATE OF STATE

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BON. OF DISSOLVHION CC/CUS (10, 4.23.08

## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** NAME OF CORPORATION: Keese Insurance Ag 162160 **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: For further information concerning this matter, please call: Enclosed is a check for the following amount: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & **\$**52.50 Filing Fee, Certificate of Status & Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

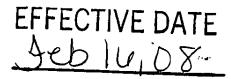
### · ARTICLES OF REVOCATION OF DISSOLUTION

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 Reese Insurance		
	Agency, Inc.		
SECOND:	The document number of the corporation (if known) is $V62160$ .		
ΓHIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is $1-24-200.8$		
FOURTH:	The Revocation of Dissolution was authorized on 4-01-2008.		
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 an was permitted by action by the board of directors alone pursuant to that authorized.  The shareholders revoked the dissolution and the number of votes cast was sufficient approval.  The shareholders revoked the dissolution by voting groups - the number of votes was sufficient for approval.  (voting group)	ation. cient foi	г
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 Mands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)  CATHY - REFSE  (Typed or printed name of person signing)  PRESIDENT  (Title of person signing)	08 APR 16 PM 12	DIVISION OF CORPOR

**FILING FEE \$35** 

# 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	of State:	
	Reese Insulance Agency, Inc.		
SECOND:	· U		
THIRD:	The date dissolution was authorized: 1-16-08	<del></del>	
	Effective date of dissolution if applicable: 2-6-08 (no more than 90 days after dissolution	i file date)	<del></del>
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for disso	lution
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
	(voiling group)		<b>-</b>
	Signature: Catley Cleine	08 JAN 24 PM	SECRETARY NISION OF CO
	(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)	PH 2: 13	OF STATE
•	CATHY L. REESE		
	(Typed or printed name of person signing)		
	PRESI DENT		
	(Title of person signing)		

Filing Fee: \$35