

To: 2/5/25, 5:09 PM

PL5000045678

2025-02-05 07:23:31 GMT

1076046519

From: RUBEM SOUZA

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000045604 3)))



H250000456043ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : MEDEIROS SOUZA CORP  
Account Number : 120190000068  
Phone : (407)326-8484  
Fax Number : (407)604-6519

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: contact@medeirosouza.com

SECRETARY OF STATE  
TALLAHASSEE FL

2025 FEB -6 PM 7: 35

FILED

REVOCATION OF DISSOLUTION  
CAPITALBLOOM INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE FL

2025 FEB -6 PM 4: 31

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CAPITALBLOOM INC

**DOCUMENT NUMBER:** P25000004878

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

Please return all correspondence concerning this matter to the following:

Rubem Souza  
Name of Contact Person

MEDEIROS SOUZA CORP  
Firm/Company

1711 AMAZING WAY STE 213  
Address

OCOE, FL 34761  
City/State and Zip Code

contact@medeiroussouza.com  
E-mail address: (to be used for future annual report notification)

FILED  
2025 FEB -6 PM 7:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Rubem Souza at ( 407 ) 326-8484  
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 617.1404, Florida Statutes, this Florida not for 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 CAPITALBLOOM INC

SECOND: The document number of the corporation (if known) is P25000004878

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 01/31/2025

**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 02/05/2025

FIFTH: Adoption of revocation of dissolution (check one)

- The board of directors revoked the dissolution authorized by the member. The revocation was permitted by action by the board of directors alone pursuant to that authorization.
- The members revoked the dissolution and the number of votes cast was sufficient for approval.
- The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.
- The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors. The number of directors in office was \_\_\_\_\_ and the vote for the resolution was \_\_\_\_\_ for and \_\_\_\_\_ against.
- The incorporator or majority of the incorporators authorized the dissolution.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature Ana Paula Spradling  
(By the chairman or vice chairman of the board, president or other officer, or by an incorporator, or trustee if applicable)

Typed or Printed Name Ana Paula Spradling

Title Secretary

SECRETARY OF STATE  
TALLAHASSEE, FL

2025 FEB -6 PM 7:35

FILED