

710000009841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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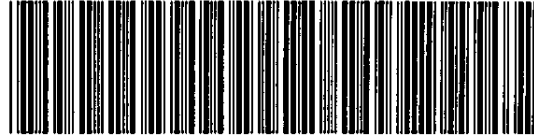
(Business Entity Name)

(Document Number)

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AUG 29 2016

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:**

*Miracles House Inc.*

**DOCUMENT NUMBER:**

*N10000009841*

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

Please return all correspondence concerning this matter to the following:

*Dr. Felicia Whipple*

Name of Contact Person

*Miracles House Inc.*

Firm/Company

*13211 NW 26 CT*

Address

*Miami, FL 33167*

City/State and Zip Code

*promise - 710 at yahoo.com*

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

For further information concerning this matter, please call:

*Dr. F. Whipple*

Name of Contact Person

at *(954) 383-3267*

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 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 Miracle House Inc.  
N100 0000 9841

SECOND: The document number of the corporation (if known) is N 10000 00.9841

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 8/6/2016.  
**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 8/6/2016.

FIFTH: Adoption of revocation of dissolution (check one)

- ☒ The board of directors revoked the dissolution authorized by the members and 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.

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

Signature Dr. Felicia Whipple  
(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 Felicia Whipple

Title Owner / President

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FILED  
Aug 05, 2016  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
MIRACLES HOUSE INC.

SECOND: The document number of the corporation: N10000009841

THIRD: The corporation has no members or members entitled to vote on the dissolution.  
The date of adoption of the resolution by the board of directors was August 5, 2016.  
The number of directors in office was 1 and the vote for resolution was  
1 for and 0 against.

FOURTH: Effective date of dissolution: August 5, 2016

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: MARTEZ WHIPPLE

PRESIDENT

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