(F	Requestor's Name)
<i>(</i>	Address)
(<i>i</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
. (C	Occument Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

The 407.1403 dissolution
was filed on the wrong
form. The Revocation of
dissolution on the right
form 417.1404.

form 417.1404.

Office Use Only



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**35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALZHEIMER RESOURCE CENTER OF TAMAHASSE, INC.
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TERRI JO BARRON (Name of Contact Person)
NTERIM DIRECTOR ARC (Firm/Company)
3017 SAWGRASS CIRCLE (Address)
TALLAHASSEE FL 32309 (City/State and Zip Code) For further information concerning this matter, please call:
TALLAHASSEG FL 32309 (City/State and Zip Code) For further information concerning this matter, please call:
TERRI JO BARRON at (850) 894-0850 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\times \$\subseteq \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALZHEIMER RESOURCE CENTER OF TALLAHASSE, INC.
DOCUMENT NUMBER: N29371
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TERRI Jo BARRON (Name of Contact Person)
INTERIM DIRECTOR ARC (Firm/Company)
3017 SAWGRASS CIRCLE (Address)
TALLAHASSEG FL 32309 (City/State and Zip Code)
For further information concerning this matter, please call:
TERRI JO BARRON at (850) 894-0850 (Name of Contact Person) (Area Code & Daytime Telephone Number)
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 (Additional copy is enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallabassee 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 THE SHE SS date, if no effective date) of the Articles of Dissolution: The name of the corporation is HLZHEIMER FIRST: The document number of the corporation (if known) is SECOND: The effective date (or file date, if no effective date) of the Articles of Dissolution THIRD: filed with the Florida Department of State is <u>JANUARY</u> 31 2007. FOURTH: Adoption of revocation of dissolution (check one) FIFTH: Mathematical 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 for and resolution was against. A copy of the Articles of Dissolution is attached. SIXTH:

Signature

(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 Marcia Jensen-Waller

Title President, Board of Directors

FILING FEE \$35

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, 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:	
	ALZHEIMER RESOURCE CENTER OF TAMAHASSEE,	Inc
SECOND:	The document number of the corporation (if known): N 29371	
THIRD:	The date dissolution was authorized: NOVEMBER 27, 2006	
	Effective date of dissolution if applicable: ANUARY 3\ 200.7 (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.	ıtion
	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 The number of votes cast for dissolution was sufficient for approval by The number of votes cast for dissolution was sufficient for approval by	
	(voting group)	
	2: 44 ORIDA	
s	Gignature: (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)	·
	Marcia Jensen-Waller (Typed or printed name of person signing)	
-	President Board of Directors	

Filing Fee: \$35