

PI2000005024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

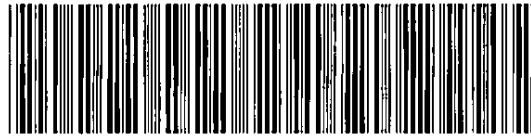
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/19/17--01010--009 ++\$5.00

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17 JUN 19 PM 12:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 19 A 9:53

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JUN 20 2017
T. LEMIEUX

Rec
Diss

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THERAPY BEACH CLUB, INC.

- ____ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ____ Cert. Copy _____
- Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

Signature

Requested by: BA _____
Name _____ Date 6/19/17 _____ Time _____
Walk-In _____ Will Pick Up _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THERAPY BEACH CLUB, INC.

DOCUMENT NUMBER: P12000005024

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

Please return all correspondence concerning this matter to the following:

 GARRICK EDWARDS
Name of Contact Person

 THERAPY BEACH CLUB, INC.
Firm/Company

 151 SE 3rd ave unit 325
Address

 DELRAY BEACH ,FL 33483
City/State and Zip Code

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

For further information concerning this matter, please call:

 Garrick Edwards At (561) 6746535
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
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: THERAPY BEACH CLUB, INC.

SECOND: The document number of the corporation (if known) is P12000005024

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 06/19/2017
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 05/01/2017

FIFTH: Adoption of Revocation of Dissolution (check one)
[] The board of directors revoked the dissolution.
[X] The incorporators 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 the number of votes cast was sufficient for approval.
[] The shareholders revoked the dissolution by voting groups - the number of votes cast by [] was sufficient for approval.
(Voting group)

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

Signature [Handwritten 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)

GAILLOR EDWARDS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017 JUN 19 A 9:53
FILED

FILED
May 01, 2017
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
THERAPY BEACH CLUB, INC.
- SECOND: The document number of the corporation: P12000005024
- THIRD: The file date of the articles of incorporation: January 17, 2012
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the directors authorized the dissolution.

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: GARRICK EDWARDS PRESIDENT
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative