

443593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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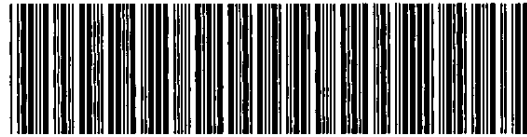
(Business Entity Name)

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Revocation  
of diss

05/08/12--01023--009 \*\*87.50

FILED  
2012 MAY -8 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
5/14/12

Via Fed-Ex  
on 5-7-12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Seitlin Benefits Corporation

**DOCUMENT NUMBER:** 443593

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

Please return all correspondence concerning this matter to the following:

William Shaheen, Esq.  
Name of Contact Person

Berger Singerman LLP  
Firm/Company

2650 N. Military Trail, Ste. 240  
Address

Boca Raton, FL 33431  
City/State and Zip Code

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

For further information concerning this matter, please call:

William Shaheen At (561) 241-9500  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
OF  
SEITLIN BENEFITS CORPORATION**

**FILED**

**2012 MAY -8 PM 12:44**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Pursuant to section 607.1404, Florida Statutes, SEITLIN BENEFITS CORPORATION, a Florida profit corporation, hereby revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date of the Articles of Dissolution:

FIRST: The name of the corporation is Seitlin Benefits Corporation (referred to below as the "Corporation").

SECOND: The Corporation's Florida Document Number is 443593.

THIRD: The effective date of the Articles of Dissolution filed with the Florida Department of State is March 14, 2012.

FOURTH: Neither the Board of Directors of the Corporation, nor the Shareholders of the Corporation, authorized the Corporation's dissolution with the State of Florida. The dissolution was unauthorized and inadvertent, resulting from Articles of Dissolution mistakenly and unilaterally filed with the Florida Department of State by a professional services firm purporting to act as agent of the Corporation. The Articles of Dissolution were not submitted to, and were not reviewed, approved, adopted, directed, or authorized by, either the Board of Directors or the Shareholders of the Corporation.

FIFTH: The Corporation's Board of Directors learned of the dissolution on April 10, 2012. The Board of Directors determined to revoke the Articles of Dissolution immediately on April 10, 2012, and memorialized such revocation on April 25, 2012. These Articles of Revocation do not revoke any articles or dissolution (or any other act or determination) of the Shareholders of the Corporation. Revocation of the Articles of Dissolution is permitted by action of the Board of Directors.

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

I submit this document and affirm that the facts stated herein are true and correct. 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.

SEITLIN BENEFITS CORPORATION

By: 

Print: Thomas Cornish

As Its: Chief Executive Officer

Date: April 25, 2012

## ARTICLES OF DISSOLUTION

Signature: TOM CORNISH PRESIDENT  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative