

580 562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

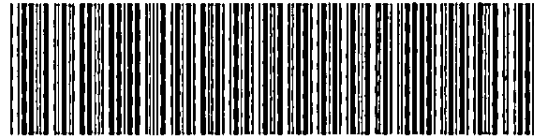
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200395882882

10-17-22--01025--020 \$35.00

FILED

2022 OCT 17 PM 4:29

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SUNSHINE FAMILY DENTISTRY, P.A.

**DOCUMENT NUMBER:** 580562

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

Please return all correspondence concerning this matter to the following:

KIMBERLY SAPP

Name of Contact Person

KIMBERLY L. SAPP, PA

Firm/Company

12 S MAIN AVE

Address

LAKE PLACID, FL 33852

City/State and Zip Code

KIMSAPP@SAPPLAWPA.COM

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

For further information concerning this matter, please call:

KIMBERLY SAPP

Name of Contact Person

At ( 863 ) 4657278

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 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: SUNSHINE FAMILY DENTISTRY, P.A.

SECOND: The document number of the corporation (if known) is 580562

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is 10/10/2022

**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 10/10/2022

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors/incorporation 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 was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

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

Signature

*James Edward Oxer*

(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)

JAMES EDWARD OXER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE \$35**

FILED  
2022 OCT 17 PM 4:29  
TALLAHASSEE, FL  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:  
SUNSHINE FAMILY DENTISTRY, P.A.
- SECOND: The document number of the corporation: 580562
- THIRD: The date dissolution was authorized: October 7, 2022  
Effective date of dissolution: October 10, 2022
- FOURTH: Dissolution was approved by the shareholders in the manner required by this chapter  
and by Articles of Incorporation.

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: JAMES OXER

PRESIDENT

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