

# F49829

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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15 MAY 15 PM 1:05

JUN 1 / 2015  
C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AMERICAN ORTHO-TECH LABORATORIES INC

**DOCUMENT NUMBER:** F49829

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

Please return all correspondence concerning this matter to the following:

VIKKI SHOAF

Name of Contact Person

AMERICAN ORTHO-TECH LABORATORIES INC

Firm/Company

2534 EMPIRE DRIVE

Address

WINSTON SALEM, NC 27103-6710

City/State and Zip Code

JSAUNDERS@LEVEL4OANDP.COM

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

For further information concerning this matter, please call:

VIKKI SHOAF

Name of Contact Person

At ( 336 ) 397-2165

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: AMERICAN ORTHO-TECH LABORATORIES INC

SECOND: The document number of the corporation (if known) is \_\_\_\_\_ F49829

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

filed with the Florida Department of State is 01/21/2015

**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 5/14/2015

**FIFTH:** Adoption of Revocation of Dissolution (check one)

- ☒ The board of directors revoked the dissolution.
- ☐ 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**

(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)

JAN A SAUNDERS

(Typed or printed name of person signing)

**SR VICE PRESIDENT**

(Title of person signing)

**FILING FEE \$35**

15 MAY 15 PM 1:05

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:  
**AMERICAN ORTHO-TECH LABORATORIES, INC.**
- SECOND:** The document number of the corporation (if known): **F49829**
- THIRD:** The date dissolution was authorized: **01/07/2015**  
Effective date of dissolution (if applicable): \_\_\_\_\_  
(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.
- ☐ 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*

\_\_\_\_\_  
(voting group)

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)

**JUMP S. JOHN**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

Filing Fee \$35

**FILED**  
15 JAN 21 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA