

F49853

(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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03/25/13--01025--013 **35.00

FILED
2013 MAR 25 PM 4:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature
3/27/13



Luanne Falkinburg

Akerman Senterfitt
9128 Strada Place
Suite 10205
Naples, FL 34108
Tel: 239.449.5600
Fax: 239.449.5658

March 22, 2013

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: James R. Rehak, D.D.S., P.A.
Our File No. 0270169**

Dear Sir/Madam:

Enclosed please find the Articles of Dissolution for the above-referenced entity, in duplicate, along with our Firm's check in the amount of \$35.00 representing the dissolution fee.

Please process this Dissolution accordingly and date stamp the additional copy and return it in the enclosed prepaid envelope provided for your convenience.

Of course, should you have any questions, please feel free to contact our office.

Sincerely,

A handwritten signature in cursive script that reads "Luanne Falkinburg".
Luanne Falkinburg, Paralegal

Enclosures

akerman.com

BOCA RATON DALLAS DENVER FORT LAUDERDALE JACKSONVILLE LAS VEGAS LOS ANGELES MADISON MIAMI NAPLES
NEW YORK ORLANDO PALM BEACH SALT LAKE CITY TALLAHASSEE TAMPA TYSONS CORNER WASHINGTON, D.C.
WEST PALM BEACH

{26018728;1}

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JAMES R. REHAK, D.D.S., P.A.

DOCUMENT NUMBER: F49853

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

Please return all correspondence concerning this matter to the following:

JOE B. COX

(Name of Contact Person)

Akerman Senterfitt

(Firm/Company)

9128 Strada Place, Suite 10205

(Address)

Naples, FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

Joe B. Cox

(Name of Contact Person)

at (239) 449-5600

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 DISSOLUTION

FILED

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2013 MAR 25 PM 4:15
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

JAMES R. REHAK, D.D.S., P.A.

SECOND: The document number of the corporation (if known): F49853

THIRD: The file date of the articles of incorporation: 10/15/1981

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

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: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

Joe B. Cox
(Typed or printed name of person signing)

JOE B. COX, Secretary

(Title of Person Signing)

Filing Fee: \$35