| 10800039028 | | | |
|------------------------------------------------------------------------------------|---------------------------------------------------|--|--|
| (Requestor's Name) (Address) (Address) | 000307534120 | | |
| (City/State/Zip/Phone #) | 01/10/1801008017 **100.00 | | |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | FILED STORE JAN 10 A H: 05 MILLAHACCELFLOOT | | |
| Office Use Only | D. SCOTT (JAN 11 2)() | | |

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Lester Gil D.D.S.,LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lester Gil

Contact Person

Lester Gil D.D.S., LLC

Firm/Company

28125 sw 159 pl

Address

homestead ,11 33033

City, State and Zip Code

drlgil@yahoo.com

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

For further information concerning this matter, please call:

| Lester Gil | 786 385 9713 at () | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---|
| Name of Contact Person | Area Code Daytime Telephone Number | ٩ |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallabassee, FL 32314 | |

CR2E132 (10/15)

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

I.

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company 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.

| ł. | Lester Gil D.D.S.,LLC The name of the company is: | |
|------------------------------------------------------------|-----------------------------------------------------------------------|---|
| 2. | L08000039028 The document number of the company is | |
| 3. | DECEMBER 26.2017 The effective date the Dissolution was filed is | · |
| 4. | JANUARY 05,2018 The revocation of dissolution was authorized on | |
| 5. | A copy of the Articles of Dissolution is attached. | |
| | Signature of person autorized to submit the revocation of dissolution | |
| Filing Fee: \$100.00 Certified Copy: \$30.00 (optional) | | |

2013 JAN 10 A II: 05 11

CR2E132 (10/15)

State of Florida Department of State

I certify from the records of this office that LESTER GIL D.D.S., LLC was a limited liability company organized under the laws of the State of Florida, filed on April 18, 2008.

The document number of this limited liability company is L08000039028.

I further certify that said limited liability company was voluntarily dissolved on December 26, 2017, effective December 26, 2017.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twenty Seventh day of December, 2017

OI WAL DUDS

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Ken 1stm

Secretary of State

Authentication ID: 800307059198-122717-L08000039028

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed. https://efile.sunbiz.org/certauthver.html

