

L14000163824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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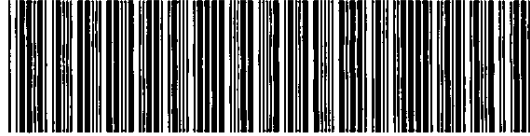
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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JUN 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Viva Physical Therapy 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:

Maria Paparella
Contact Person

Viva Physical Therapy LLC
Firm/Company

5645 Coral Ridge Drive #377
Address

Coral Springs, FL 33076
City, State and Zip Code

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

For further information concerning this matter, please call:

Maria Paparella at 954, 579-2844
Name of Contact Person Area Code Daytime Telephone Number

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
Tallahassee, FL 32314

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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.

1. The name of the company is: Viva Physical Therapy LLC
2. The document number of the company is L14000163824
3. The effective date the Dissolution was filed is 04/14/2016
4. The revocation of dissolution was authorized on 06/27/2016
5. A copy of the Articles of Dissolution is attached.

Maria Paparella

Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

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