

L59476

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

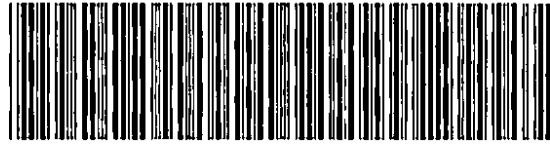
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

\$750.00

Revocation was
Filed on
11/2/20

Office Use Only



800352467298

09/23/20--01007--003 **35.00

2020 SEP 23 17:19:47

Revocation
or
Assolution



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2020

DAVID B CILBRITH MD
DAVID B. CILBRITH MD, PA
7275 SE 172ND LEGACY LANE
THE VILLAGES, FL 32162

SUBJECT: DAVID B. CILBRITH, M.D., P.A.
Ref. Number: L59476

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE WEBSITE WILL NOT ALLOW YOU TO FILE A REINSTATEMENT.
PLEASE COMPLETE THE ATTACHED REINSTATEMENT FORM WITH THE
PROPER FEES AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 320A00021842

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

David B. Cilbrith, MD, PA

DOCUMENT NUMBER:

L59476

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

Please return all correspondence concerning this matter to the following:

DAVID B. Cilbrith, MD

Name of Contact Person

DAVID B. Cilbrith, MD, PA

Firm/Company

1215 SE 172 Hwy Lane

Address

The Villages, FL 32162

City/State and Zip Code

docnavy1983@gmail.com

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

For further information concerning this matter, please call:

David B. Cilbrith, MD

Name of Contact Person

At (352) 421-2987

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: DAVID B. CILBERTH, MD, PA

SECOND: The document number of the corporation (if known) is L59476

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

filed with the Florida Department of State is June 26, 2020

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 9/2/20

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

(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)

DAVID B. CILBERTH, MD

(Typed or printed name of person signing)

President

(Title of person signing)

7779 SEP 23 AM 10:47

FILING FEE \$35

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
DAVID B. CILBRITH, M.D., P.A.
- SECOND: The document number of the corporation: L59476
- THIRD: The file date of the articles of incorporation: March 19, 1990
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

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 317.155, Florida Statutes.

Signature: DOCTOR DAVID CILBRITH PRESIDENT

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