

N01000000 8161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000235347200

Revocation
of deed

05/22/12--01007--023 **43.75

FILED
2012 MAY 22 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/25/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RHEMA HUMAN SERVICES CORP.

DOCUMENT NUMBER: N01000008161

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

Please return all correspondence concerning this matter to the following:

MANUEL JONES, DO

Name of Contact Person

RHEMA HUMAN SERVICES CORP.

Firm/Company

19821 NW 2ND AVENUE, SUITE 408

Address

MIAMI GARDENS, FL 33169

City/State and Zip Code

DR.JONES.M@GMAIL.COM

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

For further information concerning this matter, please call:

MANUAL JONES, DO

Name of Contact Person

at (954) 655-0641

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 617.1404, Florida Statutes, this Florida not for 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:

FILED
2012 MAY 22 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is RHEMA HUMAN SERVICES CORP.

SECOND: The document number of the corporation (if known) is N01000008161

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 5/8/12

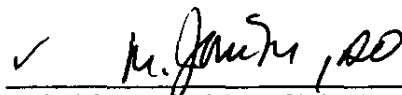
FOURTH: The revocation of dissolution was authorized on 5/8/12

FIFTH: Adoption of revocation of dissolution (check one)

- ☒ The board of directors revoked the dissolution authorized by the members and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☐ The members revoked the dissolution and the number of votes cast was sufficient for approval.
- ☒ The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.
- ☐ The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors. The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature



(By the chairman or vice chairman of the board, president or other officer, or by an incorporator, or trustee if applicable)

Typed or Printed Name MANUEL JONES, DO

Title EXEC DIRECTOR / REGISTERED AGENT

FILING FEE \$35

FILED
May 08, 2012
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
RHEMA HUMAN SERVICES CORP.

SECOND: The document number of the corporation: N01000008161

THIRD: The corporation has no members or members entitled to vote on the dissolution.
The date of adoption of the resolution by the board of directors was May 8, 2012.
The number of directors in office was 1 and the vote for resolution was
1 for and 0 against.

FOURTH: Effective date of dissolution: May 9, 2012

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 817.155, Florida Statutes.

Signature: KELVIN SMITH

PRESIDENT

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

COPY

THIS WAS AN
ERRONEOUS
DISSOLUTION BY
A FORMER MEMBER
ACTING ALONE -
HEA HAS BEEN
VOTED OUT OF
CORP.