

N07000 00 8378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

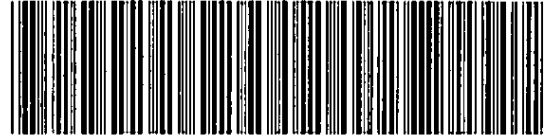
(Document Number)

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19 SEP 23 PM 6:15
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FALLS CHURCH, VA

OCT 11 2019
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NEIGHBORHOOD HOME HEALTH SERVICES, INC. _____

DOCUMENT NUMBER: N07000008378 _____

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

Please return all correspondence concerning this matter to the following:

ALVARO FLORES

Name of Contact Person

NEIGHBORHOOD HOME HEALTH SERVICES, INC.

Firm/Company

9835 SW 53 TERR

Address

MIAMI, FL 33165

City/State and Zip Code

AJF@MYNHHS.COM

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

For further information concerning this matter, please call:

ALVARO FLORES _____ at (786) 493-5002
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input 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 checked="" 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 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:

FIRST: The name of the corporation is NEIGHBORHOOD HOME HEALTH SERVICES, INC.

SECOND: The document number of the corporation (if known) is N07000008378

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is JULY 5, 2019

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 JULY 4, 2019

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.
- ☐ The incorporator or majority of the incorporators authorized the dissolution.

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 ALVARO FLORES

Title VICE PRESIDENT

FILED
19 SEP 23 PM 6:16
TALLAHASSEE, FLORIDA

FILED
Jul 05, 2019
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:
 NEIGHBORHOOD HOME HEALTH SERVICES, INC.

SECOND: The document number of the corporation: N07000008378

THIRD: The date of the meeting of members at which the resolution to dissolve was adopted
 July 4, 2019. The number of votes cast by the members was sufficient for approval.

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: ALVARO FLORES

VP

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



Neighborhood Home Health Services, Inc.

September 20, 2019

ATTENTION:
Revocation Dissolution Specialist
Florida Department of Corporations

RE: Document Number: N07000008378

Dear Specialist,

The name in our document is currently being used by Document Number: P19000056047. This Corporation has been dissolved to transfer the name to the non-profit Document Number: N07000008378. I understand that we are submitting this Name Release Letter to the Department of State with the expectation that there will be a revocation of dissolution for Document Number: N07000008378 and the name be available for the entity.

Consequently, as the Vice President and Agent for Neighborhood Home Health Services, Inc. ask that you release the name from Document Number: P19000056047 so that we can go ahead and File the Revocation of Dissolution for Document Number: N07000008378.

If there is additional information needed, you can email me at ajf@mynhhs.com or call me at (786) 693-9600.

Thank you for your time and assistance with this matter.

Sincerely,

Alvaro Flores
Vice President

Accredited by
Community Health
Accreditation Program

