

N120000002821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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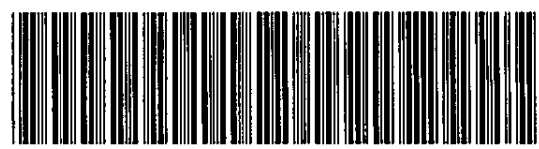
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 FEB 18 AM 10:15

Rev. of Diss  
CUI5  
@ 2/19/14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Miami SCI Wellness, Inc

**DOCUMENT NUMBER:** N12000002821

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

Please return all correspondence concerning this matter to the following:

Alfredo Iglesias

Name of Contact Person

Miami SCI Wellness, Inc

Firm/Company

PO BOX 56-2004

Address

MIAMI, FL 33256-2004

City/State and Zip Code

alfredo@iamablefitness.org

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

For further information concerning this matter, please call:

Alfredo Iglesias

Name of Contact Person

at ( 305 ) 972-3237

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:

FIRST: The name of the corporation is Miami SCI Wellness, Inc

SECOND: The document number of the corporation (if known) is N12000002821


THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 1/15/2014

FOURTH: The revocation of dissolution was authorized on 1/16/2014

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 Alfredo Iglesias  
Title President

FILED STATE OF FLORIDA  
14 FEB 18 AM 15

**FILING FEE \$35**

**FILED**  
**Jan 15, 2014**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 617.1401, 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:  
**MIAMI SCI WELLNESS, INC.**
- SECOND:** The document number of the corporation: N12000002821
- THIRD:** The file date of the articles of incorporation: March 13, 2012
- FOURTH:** The corporation has not commenced to conduct its affairs.
- FIFTH:** No debt of the corporation remains unpaid.
- SIXTH:** The dissolution was authorized by an incorporator.

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: **MICHELLE MEDINA** **PRESIDENT**  

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