N14000009558

(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Centro de A	Alabanza Oasis West	Palm Beach, In	corpor	ated
DOCUMENT NUMBER: N14000009558				
The enclosed Articles of Revocation of Diss	solution and fee are su	ibmitted for		
filing. Please return all correspondence conc	erning this matter to th	e following:		
Elaine Johnson James				
Name of Co	ontact Person			
Elaine Johnson James, P.A.				
Firm/C	ompany			
P.O. Box 31512				
Ado	iress		•	
Palm Beach Gardens, FL 3342	0			~>
City/State a	nd Zip Code			022 SEi
ejames@claincjohnsonjames.c				9
E-mail address: (to be used for	or future annual report not	fication)		
For further information concerning this matt	er, please call:			3: 00
ine Johnson James at (561) 245-1144 ne of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount	nt:			
S S35 Filing Fee XX S43.75 Filing Fee &	\$43.75 Filing Fee &	S52.50 Filing l	Fee,	
Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Certified Cop (Additional co	ру	closed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Ser Division of Cor The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 Centro de Alabanza Oasis West Palm Beach, Incorporated
SECOND:	The document number of the corporation (if known) is N14000009558
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is August 31, 2022. 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 August 28, 2022.
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. XX The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors on Sept. 4, 2022. The number of directors in office was three, and the vote for the resolution was three for and zero 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 Roxana Poveda Mendoza, Sept. 4, 2022

Title President

FILED Aug 31, 2022 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:

CENTRO DE ALABANZA OASIS WEST PALM BEACH, INCORPORATED

SECOND: The document number of the corporation: N14000009558

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 August 28, 2022.

The number of directors in office was 3 and the vote for resolution was

3 for and 0 against.

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FOURTH: Effective date of dissolution: August 31, 2022

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: ROXANA POVEDA MENDOZA PRESIDENT

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