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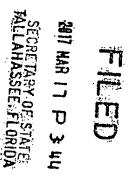
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: KISSIMN	MEE CARE FOUNDATIO	N INC	
DOCUMENT NUMBER: N16000000660				
The enclosed Ar	ticles of Revocation of L	Dissolution and fee are	submitted for filing.	
Please return all	correspondence concern	ing this matter to the fo	llowing:	
HASAN E	BAIG			
	Name of	f Contact Person		
	Firr	m/Company		
7061 GRA	AND NATIONAL DRIVE S	TE #115		
,		Address		
ORLAND	O FLORIDA 32836			
- "	City/Stat	te and Zip Code		
BAIG@HV	WCPAFL.COM			
	E-mail address: (to be used	d for future annual report no	otification)	
For further inform	nation concerning this m	natter, please call:		
HASAN BAIG		407 at (270-7330	
N	Name of Contact Person	Area Code &	Daytime Telephone Number	
Enclosed is a che	ck for the following amo	ount:		
■ \$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)	
Amer Divis P.O. 1	ing Address: Indment Section It ion of Corporations Box 6327 hassee, FL 32314	Street Addre Amendment S Division of Co Clifton Buildi 2661 Executiv	ection orporations	

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 KISSIMMEE CARE FOUNDATION INC			
SECOND:	The document number of the corporation (if known) is			
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 01/20/2016 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 <u>02/26/2017</u> .			
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 HASAN BAIG A copy of the Articles of Dissolution is attached. HASAN BAIG			
	Therene			

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:

KISSIMMEE CARE FOUNDATION INC.

SECOND:

The document number of the corporation: N16000000660

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 February 24, 2017.

The number of directors in office was 1 and the vote for resolution was 1 for and 0 against.

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: ASMA PATEL

DIRECTOR

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