

N18000011321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

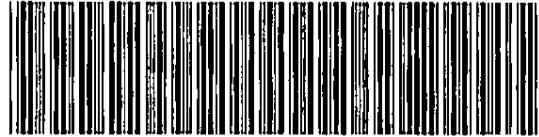
(Document Number)

Certified Copies _____

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TALLAHASSEE, FLORIDA

JUL 29 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA CROIX ET SAINT MARTIN HOSPITAL CORPORATION

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Shellkyne Belizaire

Contact Person

Firm/Company

5941 NW 45TH AVE

Address

FORT LAUD, FL 33319

City, State and Zip Code

shellkyne.belizaire@gmail.com

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

For further information concerning this matter, please call:

Shellkyne Belizaire

at (786) 867-8526

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**CERTIFICATE
OF
REVOCATION OF DISSOLUTION
FOR**

LA CROIX ET SAINT MARTIN HOSPITAL CORPORATION

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

05/16/2022

SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.

THIRD: The revocation of dissolution was authorized on:

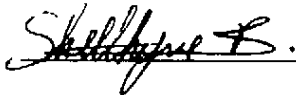
05/14/2022

FOURTH: Attached is a copy of the certificate of dissolution.

FIFTH: Effective date, if other than the date of filing: 05/16/2022
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$ 8.75

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TALLAHASSEE, FLORIDA