

PO1000097778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

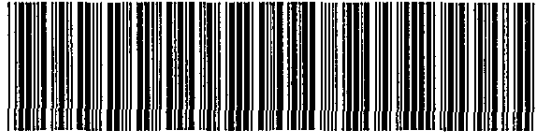
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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11/23/04--01013--001 **35.00

11/23/04--01013--002 **8.75

Rev of Diss

FILED
04 NOV 23 PM 3:01
SECRET
FALL 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ideal Medical Supply, Inc

DOCUMENT NUMBER: P01000097778

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

Please return all correspondence concerning this matter to the following:

Gricel Valdes

(Name of Person)

Ideal Medical Supply, Inc

(Name of Firm/Company)

8900 Nw 149 Terrace

(Address)

Miami LAkes Florida 33018

(City/State/ and Zip Code)

For further information concerning this matter, please call:

Gricel Valdes

(Name of Person)

at (305) 799-3366

(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
409 E. Gaines Street
Tallahassee, FL 32399

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida 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 Ideal Medical Supply, Inc

SECOND: The document number of the corporation (if known) is P01000097778

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was 08-09-2004

FOURTH: The Revocation of Dissolution was authorized on 11-17-2004

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☒ The board of directors revoked the dissolution.
- ☐ The incorporators revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by _____ was sufficient for approval.
(voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

Signature _____

(By a director, president or other officer. If directors or officers have not been selected, by an incorporator. If in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Gricel Valdes

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

04 NOV 23 PM 3:01
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:

The name of the corporation as currently filed with Department of State:
IDEAL MEDICAL SUPPLY, INC

SECOND:

The document number of the corporation (if known): PG100007778

THIRD:

The file date of the articles of incorporation was: 10/08/2001
(CHECK AT LEAST ONE BOX)

FOURTH:

- ☒ None of the corporation's shares have been issued.
☐ The corporation has not commenced business.
☐ No debt of the corporation remains unpaid.

FIFTH:

The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH:

Adoption of Dissolution (CHECK ONE)

SEVENTH:

- ☐ A majority of the incorporators authorized the dissolution.
☒ A majority of the directors authorized the dissolution.

Signed this 2 day of August 2004

Signature:

(By a director, president, officer, or other court appointed fiduciary, by that fiduciary, or if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Ornel Valdez
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

FILED
04 AUG -9 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA