

PD/000113087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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06 MAY -9 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BEWE GLADE CHIROPRACTIC CLINIC, INC

DOCUMENT NUMBER: P01000113087

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

Please return all correspondence concerning this matter to the following:

DR. DANIEL DICRISTOFARO

(Name of Contact Person)

(Firm/Company)

5884 MICHAUX STREET

(Address)

BOCA RATON, FLORIDA 33435

(City/State and Zip Code)

For further information concerning this matter, please call:

DR DANIEL DICRISTOFARO

(Name of Contact Person)

at (954) 295 7521

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2006

DR. DANIEL DICRISTOFARO
5884 MICHAUX STREET
BOCA RATON, FL 33435

SUBJECT: BELLE GLADE CHIROPRACTIC CLINIC, INC.
Ref. Number: P01000113087

We have received your document for BELLE GLADE CHIROPRACTIC CLINIC, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 006A00034409

DEAR SIR/MADAME.

I AM TRYING TO DISSOLVE THIS CORPORATION. I HAVE
ENCLOSED THE PROPER DOCUMENT THAT YOU KINDLY
FORWARDED TO ME.

I AM SORRY IF I CAUSED ANY INCONVENIENCE.
THANK YOU FOR YOUR TIME AND COOPERATION.

006A00034409
06 MAY 24 AM 8:00
RECEIVED
Dr. Daniel D. Cristofaro

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BELLE GLADE CHIROPRACTIC CLINIC, INC.

DOCUMENT NUMBER: P01000113087

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

Please return all correspondence concerning this matter to the following:

DR. DANIEL DICRISTOFARO

(Name of Contact Person)

(Firm/Company)

5884 MICHAUX STREET

(Address)

BOLTA RATON, FLORIDA 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

DR DANIEL DICRISTOFARO

(Name of Contact Person)

at (954) 295 7521

(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 ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
- ↑
ALREADY SENT (Additional copy is enclosed) (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 DISSOLUTION

FILED

06 MAY -9 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

BELLE GLADE CHIROPRACTIC CLINIC, INC.

SECOND: The document number of the corporation (if known): PD1000113087

THIRD: The date dissolution was authorized: DEC 31, 2005

Effective date of dissolution if applicable: DEC 31, 2005

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)


☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

DR. DANIEL DICRISOFARO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35