P01 000122335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

200383286292

03/24/22--01033--002 **35.00

FILED
2022 MAR 24 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FL

4/10/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NATIONAL HEALTHSTYLES USA, INC.

DOCUMENT NUMBER: P01000122335

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

Please return all correspondence concerning this matter to the following:

Angelo Acocella
Name of Contact Person

NATIONAL HEALTHSTYLES USA, INC.
Firm/Company

PO Box 16632
Address

Plantation Fl. 33318
City/State and Zip Code

angelo@nationalhealthstylesinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelo Acocella — At (954) 893-2002
Name of Contact Person — 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: NATIONAL HEALTHSTYLES USA, INC.

SECOND: The document number of the corporation (if known) is P01000122335.

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 02/10/2022.

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 03/22/2022.

FIFTH: Adoption of Revocation of Dissolution (check one)

- ■ The board of directors/incorporation 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 was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

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)

angelo acocella

(Typed or printed name of person signing)

Executive Director

(Title of person signing)

FILED
2022 MAR 24 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FL

FILING FEE $35

CR2E008 (12/19)

FILED
Feb 10, 2022
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

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

NATIONAL HEALTHSTYLES USA, INC.

SECOND: The document number of the corporation: P01000122335

THIRD: The file date of the articles of incorporation: December 28, 2001

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

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: ANGELO C ACOCELLA DIRECTOR

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

FILED
Feb 10, 2022
Secretary of State

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

NATIONAL HEALTHSTYLES USA, INC. P01000012335

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

COVID PUT US OUT OF BUSINESS

Mailing address where claims can be sent:

PO BOX 16632
PLANTATION, FL 33318

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

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: ANGELO C ACOCELLA

Electronic Signature of the Person Filing