

PO 200040886  
125206

Florida Department of State  
Division of Corporations  
Electronic Filing (Cover Sheet)

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000122722 3)))



H170001227223ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

RECEIVED  
17 MAY -4 AM 9:04  
FALLANASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REVOCATION OF DISSOLUTION  
JOSE I. GARRI, M.D., D.M.D., P.A.

S. TALLENT  
MAY 05 2017

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Rev. of Dissolution

RECEIVED  
17 MAY -4 PM 4:53  
DELAWARE STATE DIVISION OF CORPORATIONS  
HARRISBURG, PENNSYLVANIA

**COVER LETTER**

H17000R22722

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** Jose I. GARRI MD, DMD, P.A.

**DOCUMENT NUMBER:** PO2000040886

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

Please return all correspondence concerning this matter to the following:

MAX A. ADAMS, ESQ

Name of Contact Person

Law offices of Max A. Adams, Esq PLLC

Firm/Company

2151 S. LEJEUNE ROAD, Ste 306

Address

CORAL GABLES, FL. 33134

City/State and Zip Code

info@themedicalfirm.com

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

For further information concerning this matter, please call:

Angela Perez

Name of Contact Person

At (305) 444-3484

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

**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: Jose T. GARRI, MD, DMD, P.A.


SECOND: The document number of the corporation (if known) is P02000040886

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 4-28-17.  
*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 5-2-17

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)

Jose T. GARRI  
(Typed or printed name of person signing)

PD  
(Title of person signing)

FILED  
17 MAY -4 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H177007122722

FILING FEE \$35

**FILED**  
**Apr 28, 2017**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, 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:  
JOSE I. GARRI, M.D., D.M.D., P.A.
- SECOND:** The document number of the corporation: P02000040886
- THIRD:** The date dissolution was authorized: April 27, 2017
- FOURTH:** Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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: JOSE I GARRI P  
\_\_\_\_\_  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative