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(((H17000122722 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORP USA

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

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COVER LETTER

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TO: Amendment Section
Division of Corporations

Tra - Hans MAN DA	
NAME OF CORPORATION: JOSE I. GARRI MD, DMD, P.A	•
DOCUMENT NUMBER: PO2000 40886	
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	
Name of Contact Person	•
Law officer of Max A. ADAMS, Esq PL	۷
Firm/Company	
2151 S. LEJEUNE ROAD, Ste 306	
Address	
CORAL GABLES FL. 33134	
Info the media when - Com B-mail address: (to be used for tuture annual report notification)	
For further information concerning this matter, please call:	
Marge of Contact Person At 305 444-3484 Name of Contact Person Area Code & Deviting Telephone Number	
Enclosed is a check for the following amount:	•
S \$35 Filing Fee \$35.50 Filing Fee & \$375 Filing Fee & \$52.50 Filing Fee, Certificate of Status	_
enclosed) (Additional copy is enclosed)	osed)
Mailing Address: Amendment Section Division of Corporations Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	,••

ARTICLES OF REVOCATION OF DISSOLUTION

Dissolution	section 607.1404, Florida Statutes, this Florida profit corporation revoked prior to the expiration of 120 days following the effective date (or file of the office of Dissolution:	iate, if no effective date)
FIRST:	The name of the corporation is: <u>Jose T. Garri, w</u>	D, DMA, KA.
SECOND:	The document number of the corporation (if known) is Po200	00040886
THIRD:	The effective date (or file date, if no effective date) of the Articles of I	Dissolution
	filed with the Florida Department of State is 4-28-14. Note: If the date inserted in this block does not most the applicable statutory film not be listed as the document's effective date on the Department of State's records.	g requirements, this date will i.
FOURTH:	The Revocation of Dissolution was authorized on 5-2-17	<u>.</u>
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 same revocation was permitted by action by the board of directors alone authorization. The shareholders revoked the dissolution and the number of votes approval. The shareholders revoked the dissolution by voting groups - the number of votes approval. 	pursuant to that cast was sufficient for mber of votes cast by
	(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, trustice, or other court appointed fiduciary, by that finetenessy) (Typed or printed name of person signing)	17 HAY -4 AK 9: 04 SLOW LAND STATE FALLAHASSER FLORIDA
•	H	17600172722
	FILING FEE \$35	-

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

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