P03000061946

(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:

Changes not made.
Must be adopted in same manner as diss.

Office Use Only

200286693702

06/14/16--01029--006 **52.50

FILED
16 JUL 20 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rev. Diss.

JUL 21 2016

N. WHITE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2016

SERGIO OSCAR RUIZ
7900 NW 27 AVE STE 205
MIAMI, FL 33147

SUBJECT: FLORIDIAN DENTAL CARE INC.
Ref. Number: P03000061946

We have received your document for FLORIDIAN DENTAL CARE INC. and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The revocation of dissolution must be adopted in the same manner as the 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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 316A00014126

RECEIVED
16 JUL 20 PM 3:06
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2016

SERGIO OSCAR RUIZ
7900 NW 27 AVE STE 205
MIAMI, FL 33147

SUBJECT: FLORIDIAN DENTAL CARE INC.
Ref. Number: P03000061946

We have received your document for FLORIDIAN DENTAL CARE INC. and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The revocation of dissolution must be adopted in the same manner as the 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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 816A00012894

16 JUL -5 AM 8:1

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORIDIAN DENTAL CARE INC.

DOCUMENT NUMBER: P03000061946

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

Please return all correspondence concerning this matter to the following:

SERGIO OSCAR RUIZ
Name of Contact Person

FLORIDIAN DENTAL CARE INC.
Firm/Company

7900 NW 27 AVE. SUITE 205
Address

MIAMI, FLORIDA 33147
City/State and Zip Code

MEDFLORIDA205@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERGIO OSCAR RUIZ At (305) 693-8888
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
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: FLORIDIAN DENTAL CARE INC.

SECOND: The document number of the corporation (if known) is P03000061946.

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 3/10/16.

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 MARCH 10, 2016.

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)

16 JUL 20 AM 9:40

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)

SERGIO OSCAR RUIZ
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE $35

ARTICLES OF DISSOLUTION

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:

FLORIDIAN DENTAL CARE INC.

SECOND: The document number of the corporation (if known): P03000061946

THIRD: The date dissolution was authorized: 02/03/2016

Effective date of dissolution if applicable: 02/03/2016

(no more than 90 days after dissolution file date)

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: 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

SERGIO OSCAR RUIZ

(voting group)

FILED
2016 MAR 10 AM 10: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

SERGIO OSCAR RUIZ

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)