

PD4000050664

(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



900080443409

10/19/06--01011--023 **35.00

RECEIVED

06 OCT 19 PM 12:42

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2006 OCT 19 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rev. of diss.

C. Ocullette OCT 19 2006

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LYN MEDICAL EQUIPMENT INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.05 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☒ Trademark
- ☒ Other

Examiner's Initials

FILED

2006 OCT 19 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF REVOCATION

PURSUANT TO 607.1404 FLORIDA STATUTES, THIS CORPORATION SUBMITS THE FOLLOWING ARTICLES OF REVOCATION OF DISSOLUTION.

FIRST: THE NAME OF THE CORPORATION IS: LYN MEDICAL
EQUIPMENT, INC.

SECOND: THE ARTICLES OF INCORPORATION WERE FILED ON: 3/22/2004

THIRD: THE REVOCATION OF DISSOLUTION WAS EFFECTIVE ON 10/18/2006

FOURTH: THE NET ASSETS OF THE CORPORATION REMAINING AFTER WINDING UP HAVE BEEN DISTRIBUTED TO THE SHAREHOLDERS, IF SHARES WERE ISSUED.

FIFTH: ADOPTION OF REVOCATION OF DISSOLUTION (CHECK ONE)

☐ A MAJORITY OF THE INCORPORATORS AUTHORIZED THE REVOCATION OF DISSOLUTION

☒ A MAJORITY OF THE DIRECTORS AUTHORIZED THE REVOCATION OF DISSOLUTION

SIXTH: THE REVOCATION WAS AUTHORIZED _____

SIGNED THIS 18 DAY OF OCTOBER, 2006

SIGNATURE

Lisett Viera
(By an incorporator if adopted by the incorporator or by the chairman or vice-chairman of the board, president, or other officer if adopted by the directors)

Lisett Viera

(Type or printed name)

president

(Title)

ARTICLES OF DISSOLUTION

2006 SEP 26 PM 1:42

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:

Lyn Medical Equipment Inc

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

P04000050664

THIRD: The date dissolution was authorized:

09/15/2006

Effective date of dissolution if applicable:

(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 of 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)

Signed this 15 day of September, 2006

Signature: (X) Lisett Viera

(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)

Lisett Viera

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35