

P041000161280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

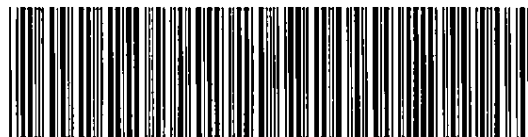
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400314157024

06/05/18--01017--021 **35.00

rev.

R WHITE

JUN 06 2018

18 JUN -5 PM 2:28
SC. JUD. CLERK STATE
TALLAHASSEE, FL 32301
WDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: My Health Outlet, Inc.

DOCUMENT NUMBER: PO4000161280

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

Please return all correspondence concerning this matter to the following:

Jeffrey W. Lee

Name of Contact Person

My Health Outlet, Inc.

Firm/Company

2020 N. Bayshore Dr. Apt 3404, Miami, FL 33137

Address

Miami, Florida 33137

City/State and Zip Code

jwlee4925@gmail.com

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

For further information concerning this matter, please call:

Jeffrey Lee

Name of Contact Person

At (941) 586-0089

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: My Health Outlet, Inc.

SECOND: The document number of the corporation (if known) is PO 4000161280

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is April 30, 2018

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 May 27, 2018

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)

Jeffrey W. Lee

(Typed or printed name of person signing)

President + sole Shareholder

(Title of person signing)

FILED
18 JUN -5 PM 2:23
STATE
TALLAHASSEE

FILED
Apr 22, 2018
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:
MY HEALTH OUTLET INC.
- SECOND: The document number of the corporation: P04000161280
- THIRD: The date dissolution was authorized: April 20, 2018
Effective date of dissolution: April 30, 2018
- 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: JEFFREY W LEE PRESIDENT

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