

P05000091327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

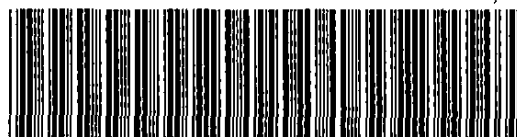
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/19/06--01004--021 **52.50

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06 JUL 19 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps - 7/20/06
Rev. of Diss

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RILA'S MEDICAL CARE CORP.

DOCUMENT NUMBER: P05000091327

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

Please return all correspondence concerning this matter to the following:

JOSE D. ENRIQUEZ

(Name of Contact Person)

OPTIMUM TAX SERVICES, INC.

(Firm/Company)

335 SOUTH KROME AVENUE, SUITE # 104

(Address)

FLORIDA CITY, FLORIDA 33034-4911

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE D. ENRIQUEZ

(Name of Contact Person)

at (305) 248-8080

(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 RILA'S MEDICAL CARE CORP.

SECOND: The document number of the corporation (if known) is P05000091327

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is JULY 01, 2006

FOURTH: The Revocation of Dissolution was authorized on JUNE 30, 2006

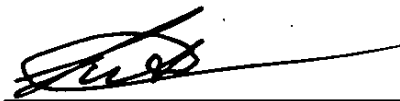
FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ 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)

LENNER ROSALES CASTELLANOS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35

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06 JUL 19 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following for dissolution:

FILED
06 MAY 17 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Rila's Medical Care Corp.

SECOND: The document number of the corporation (if known): PO5000091327

THIRD: The date dissolution was authorized: 5/8/06

Effective date of dissolution (if applicable): _____

(no more than 90 days after dissolution for a/c)

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

_____ voting group.

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 or other fiduciary)

Lenner Rosales Castellanos

(Typed or printed name of person signing)

President + Agent

(Title of person signing)