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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Martin Frank	I, DMD, P.A.	
DOCUMENT NUMBER: P05000121845		tion or the state of the state
The enclosed Articles of Revocation of Dissolut	ion and fee are submitted	for filing.
Please return all correspondence concerning this	matter to the following:	
Martin Frankl		
(Name of	Contact Person)	
Martin Frankl, DMD, P.A.		
(Firm	n/Company)	
12671 Countryside Terrace		
(A	Address)	
Cooper City, Florida 33330		
(City/State	e and Zip Code)	
For further information concerning this matter, p	olease call:	
Martin Frankl	at (954) 258-	8590
(Name of Contact Person)		time Telephone Number)
Enclosed is a check for the following amount:		
✓ \$35 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 Se Division of Cor Clifton Building 2661 Executive Cr Tallahassee, FL	ction rporations Center Circle

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 Martin Frankl, DMD, P.A.		
SECOND:	The document number of the corporation (if known) is P05000121845	*	
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is November 30, 2005		
FOURTH:	The Revocation of Dissolution was authorized on January 5, 2006	<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 shareh was permitted by action by the board of directors alone pursuant to that ☐ The shareholders revoked the dissolution and the number of votes cast vapproval. ☐ The shareholders revoked the dissolution by voting groups - the number was sufficient for approval. 	authorization. was sufficient for the control of votes cast leading to the control of the contr	for by
SIXTH:	(voting group) A copy of the Articles of Dissolution is attached. Signature	TALLAHASSEE, FLORI	FILED PARC IAN -9 PM 4:20
	(By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other count appointed fiduciary, by that fiduciary) Martin Frankl	A	0
	(Typed or printed name of person signing)		
	Director of Corporation (Title of person signing)		
	(rise or beroot aiguing)		

FILING FEE \$35

Revolution as request

Revolution per request

ARTICLES OF DISSOLUTION

FIRST:

A COPY X

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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

	Martin Frankl, DMD, P.A.	
SECOND:	The document number of the corporation (if known): P05000121845	
THIRD:	The file date the articles of incorporation: September 2, 2005	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have to the shareholders, if shares were issued.	
SEVENTH	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolut	
	A majority of the directors authorized the dissolution.	
Signature: (By a director, president or other officer - if directors or officers have not been sel in the hands of a receiver, trustee, or other court appointed fiduciary, by that fidur		
	Martin Frankl (Typed or printed name of person signing)	
	President (Title of Person Signing) Filling Fee: \$35	
	TIN H.	

DR. MARTIN H. FRANKI, 12671 COUNTRYSIDE TER. COOPER-CITY, FL. 33330