## Pacoco7186/

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



400119782084

03/14/08--01034--016 \*\*35.00



J. 20.0 V

## · COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Herbal Health Naturally, Inc. DOCUMENT NUMBER: PO600071801
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elaine E Spaeth (Name of Contact Person)
Herbal Health Naturally, Inc (Firm/Company)
8275 Baywood Vista Dr (Address)
Orlando, 41 32810 (City/State and Zip Code)
For further information concerning this matter, please call:
E laine E Spaeth at (407) 296-0652  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certified Copy (Certified Copy (Additional copy is enclosed)
Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327  Street Address:  Amendment Section  Division of Corporations  Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2008

ELAINE E. SPAETH HERBAL HEALTH NATURALLY, INC. 8275 BAYWOOD VISTA DRIVE ORLANDO, FL 32810

SUBJECT: HERBAL HEALTH NATURALLY, INC

Ref. Number: P06000071801

We have received your document for HERBAL HEALTH NATURALLY, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing 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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 508A00016815

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	Herbal Health Naturally, Inc
SECOND:	The document number of the corporation (if known): POLODOO 11801
THIRD:	The file date of the articles of incorporation: $\frac{5}{22}$
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 been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: (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.)
	Elame E Spaeth (Typed or printed name of person signing)
	QUNET (Title of Person Signing)

Filing Fee: \$35