

PD60000 76655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

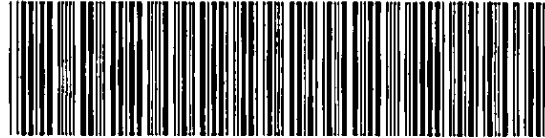
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 FEB -1 PM 3:07  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Miami Orthopedics Rehab & Fitness, Inc.

**DOCUMENT NUMBER:** PO6000076655

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

Please return all correspondence concerning this matter to the following:

Felipe Otero  
Name of Contact Person

Miami Orthopedics Rehab & Fitness, Inc.  
Firm/Company

12001 SW 128 St Suite 107  
Address

Miami, FL 33156  
City/State and Zip Code

rehab@morfitness.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felipe Otero At ( 325 ) 684-9411  
Name of Contact Person 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: Miami Orthopedics Rehab & Fitness, INC.

SECOND: The document number of the corporation (if known) is PO600076655

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is 1/23/19

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 ~~4/23/19~~ 1/30/19

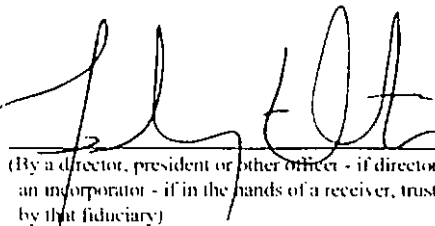
FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ 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)

FELIPE J. TERO

(Typed or printed name of person signing)

Owner/ Director

(Title of person signing)

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