

PO6000122575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

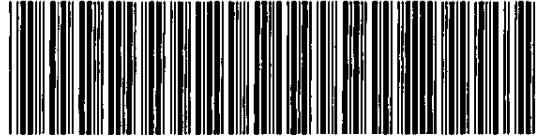
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FULLISS

1-23-08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EW Complete Care INC

DOCUMENT NUMBER: 906000122575

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

Please return all correspondence concerning this matter to the following:

OMAR H. FELIX

(Name of Contact Person)

Felix Accounting Service

(Firm/Company)

15618 SW 36th Terrace

(Address)

MIAMI FL 33185

(City/State and Zip Code)

For further information concerning this matter, please call:

OMAR FELIX

(Name of Contact Person)

at (305) 229 2608

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2008

OMAR H. FELIN
15618 SW 36TH TERRACE
MIAMI, FL 33185

SUBJECT: EW COMPLETE CARE INC
Ref. Number: P06000122575

We have received your document for EW COMPLETE CARE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 108A00002351

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:

EW Complete Care INC

SECOND: The document number of the corporation (if known): P06000122575

THIRD: The file date of the articles of incorporation: 09/22/06

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.

Signature: _____

[Handwritten 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.)

William Estevez

(Typed or printed name of person signing)

President

(Title of Person Signing)

08 JAN 22 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$35