## P06000141115

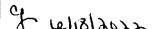
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100385961191

04/29/22--01015--019 \*\*C0.50



## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: MONUMENT ROAD ANIMAL HOSPITAL PA.
DOCUMENT NUMBER: PO6000141115
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MATTHEW D. WILSON DVM Name of Contact Person
MONUMENT ROAD ANIMAL HOSPITAL Firm/Company
Firm/Company
1238 MONUMENT ROAD
Address
JACKSONVILLE FL 32225  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MATHEW D. WILSON At (104) 718 - 1575  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$4
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## 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: MONUMENT ROAD ANIMAL +	losp ita	rL Pl	7
SECOND:	The document number of the corporation (if known) is POLODO 141115	· .		
THIRD:	The effective date (or file date, if no effective date) of the Articles of Diss	olution		
	filed with the Florida Department of State is D4   2022  Note: If the date inserted in this block does not meet the applicable statutory filing renot be listed as the document's effective date on the Department of State's records.	quirements	, this da	ate will
FOURTH:	The Revocation of Dissolution was authorized on 04/22/2022	<del></del>		
FIFTH:	Adoption of Revocation of Dissolution (check one)			
	<ul> <li>The board of directors/incorporation revoked the dissolution.</li> <li>The board of directors revoked the dissolution authorized by the share revocation was permitted by action by the board of directors alone pur authorization.</li> <li>The shareholders revoked the dissolution and was authorized by the smanner required by this chapter and by the articles of incorporation.</li> </ul>	rsuant to t	hat	he
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)  MATTHEW D. WILSON			
	(Typed or printed name of person signing)  OWNER PRESIDENT  (Title of person signing)	70,0	2022 APR 29	
	FILING FEE \$35	- - -	AM 7:	ر د ستر الموسيدا

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

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

MONUMENT ROAD ANIMAL HOSPITAL, P.A.

SECOND: The document number of the corporation: P06000141115

THIRD: The file date of the articles of incorporation: November 7, 2006

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

71

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MATTHEW D WILSON OWNER DVM

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative