

P07000100292

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000202553 3)))



H140002025533ABCW

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ACCOUNTING REVENUE SERVICE INC.
Account Number : I20110000041
Phone : (305) 887-8730
Fax Number : (305) 887-8744

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

**REVOCATION OF DISSOLUTION
MED-PLUS HOME HEALTH CARE, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

9/8/14

(((H14000202553 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MED-PLUS HOME HEALTH CARE, CORP.

DOCUMENT NUMBER: P07000100292

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

Please return all correspondence concerning this matter to the following:

ANIA RODRIGUEZ

Name of Contact Person

MED-PLUS HOME HEALTH CARE, CORP.

Firm/Company

888 BRICKELL KEY DR, SUITE 1803

Address

MIAMI, FL 33131

City/State and Zip Code

medplushomehealth@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANIA RODRIGUEZ

Name of Contact Person

At (786) 355-2300

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

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September 5, 2014

FLORIDA DEPARTMENT OF STATE

MED-PLUS HOME HEALTH CARE, CORP. ^{Division of Corporations}
815 NW 57TH AVE (3rd Fax)
114
MIAMI, FL 33126US

SUBJECT: MED-PLUS HOME HEALTH CARE, CORP.
REF: P07000100292

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The articles of revocation of dissolution must be accompanied by a copy of the previously filed articles of dissolution.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H14000202553
Letter Number: 014A00018577

RECEIVED
14 SEP -8 PM 10:53
DIVISION OF CORPORATIONS
FLORIDA

(((H14000202553 3)))

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: MED-PLUS HOME HEALTH CARE, CORP.

SECOND: The document number of the corporation (if known) is P07000100292

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 07/17/2014

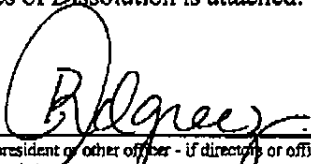
FOURTH: The Revocation of Dissolution was authorized on 08/27/2014

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)

ANIA RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

MED-PLUS HOME HEALTH CARE, CORP.

SECOND: The document number of the corporation (if known): **P07000100292**

THIRD: The date dissolution was authorized: **07/07/2014**

Effective date of dissolution if applicable: **01/02/2014**

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

ANIA RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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FILED
16 JUL 17 PM 2:36
CLERK OF CIRCUIT COURT
JUL 17 2014