

P07000114447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

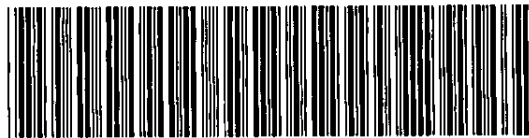
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



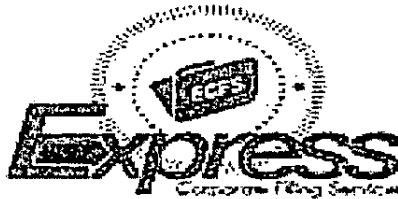
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. CARROTHERS



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Pain Relief Rehab Medical Center, Corp.
(CORPORATE NAME) (DOCUMENT #)
(10700011447)
2. _____
(CORPORATE NAME) (DOCUMENT #)
3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☐ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other: Revocation of Dissolution

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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: PAIN RELIEF REHAB MEDICAL CENTER, CORP.

SECOND: The document number of the corporation (if known) is P07000114447

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 8/11/2014

FOURTH: The Revocation of Dissolution was authorized on 8/11/2014

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)

Aymee Caballero

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

FILING FEE \$35

ARTICLES OF DISSOLUTION

Pursuant to section 807.1401, 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:
PAIN RELIEF REHAB MEDICAL CENTER, CORP.
- SECOND: The document number of the corporation: P07000114447
- THIRD: The file date of the articles of incorporation: October 17, 2007
- FOURTH: 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: A majority of the incorporators 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: LINCOLN DIAZ

PRESIDENT

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