

P08000017077

Division of Corporations

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Florida Department of State
Division of Corporations
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REVOCATION OF DISSOLUTION

HEALTHCARE ACREDITATION INSTITUTE CORP.

Certificate of Status	0
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Revocation of
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11/4
11/03/2008
ECFS

11/03/2008

Nov 03 2008 4:58

08 NOV -3 AM 11:43

FILED



November 3, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HEALTHCARE ACREDITATION INSTITUTE CORP.

3434 WEST COLOMBUS DRIVE #112

TAMPA, FL 33607

SUBJECT: HEALTHCARE ACREDITATION INSTITUTE CORP.

REF: P08000017077

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 effective date of the Articles of Dissolution was on September 5, 2008. Please correct your document.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H08000248545
Letter Number: 108200055967

P.O BOX 6327 - Tallahassee, Florida 32314

RECEIVED
2008 NOV -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H08000248545)))

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 _____

HEALTHCARE ACREDITATION INSTITUTE CORP.

SECOND: The document number of the corporation (if known) is P08000017077

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 01/5/2008

FOURTH: The Revocation of Dissolution was authorized on 10/30/2008

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 HERNANDEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

08 NOV -3 AM 11:43
FILED
DEPARTMENT OF STATE
TREASURY OF FLORIDA

(((H08000248545)))

(((H08000208582)))

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:
HEALTHCARE ACREDITATION INSTITUTE CORP.

SECOND: The document number of the corporation (if known): **P08000017077**

THIRD: The file date of the articles of incorporation: **02/14/2008**

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: 

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 HERNANDEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

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