

PO8000022269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

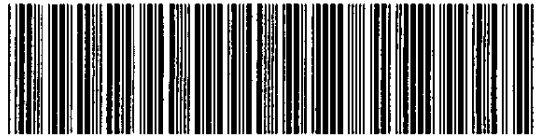
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JAN 11 PM 2:06

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Articles of  
Revocation

88

1/13/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Ana Home Care, Inc.

**DOCUMENT NUMBER:** P08000022269

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

Please return all correspondence concerning this matter to the following:

Cira Gonzalez  
Name of Contact Person

Alpha Accounting & Consulting, Inc.  
Firm/Company

12773 SW 45<sup>th</sup> Terr  
Address

Miami, FL 33175  
City/State and Zip Code

Cirita@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cira Gonzalez at ( 305 606-4264 )  
Name of Contact Person 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

## 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 Ana Home Care, Inc.

SECOND: The document number of the corporation (if known) is P08000022269

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 9/15/09.

FOURTH: The Revocation of Dissolution was authorized on 9/15/09.

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

*[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)

\_\_\_\_\_  
(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)

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TALLAHASSEE, FLORIDA

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FILING FEE \$35

## 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:

**ANA HOME CARE, INC.**

SECOND: The document number of the corporation (if known): P08000022269

THIRD: The date dissolution was authorized: 08/31/2009

Effective date of dissolution if applicable: 08/31/2009

(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, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary)

**LIANKA PEREIRA**

(Typed or printed name of person signing)

**PRESIDENT/DIRECTOR**

(Title of person signing)

**Filing Fee: \$35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA