

P08000036616

(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



500134942865

08/29/08--01040--008 **185.85

Rev. of diss
Tleers
9-5-08

FILED
2008 AUG 29 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRASMED BRAZIL, INC.
921 SOUTH PARK ROAD SUITE 309
HOLLYWOOD, FL. 33021

August 27, 2008

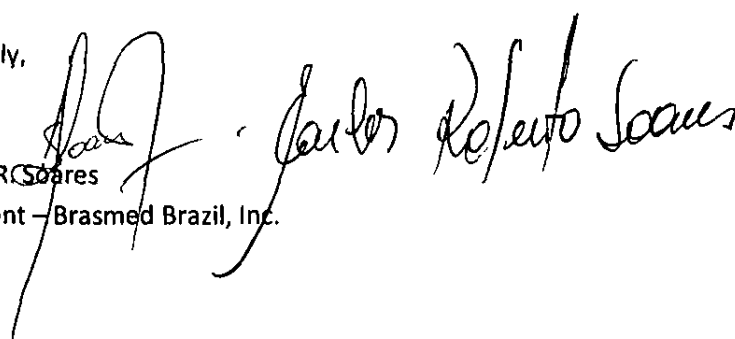
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

RE: Revocation of Dissolution
Document # P08000036616

Dear Sir or Madam:

Per instructions of your customer service center we are filing the attached Revocation of Dissolution for the above mentioned corporation along with the appropriate filing fees of \$ 185.85 so that our corporation could be changed to an active status. Please be advised that we did not authorize the original voluntary dissolution (Attached Copy) nor do we recognize the individual who prepared it. The signature shown on that dissolution is a forgery and we will be taking the necessary legal actions to remedy this wrong.

Sincerely,


Carlos R. Soares
President - Brasmed Brazil, Inc.

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 BRASMED BRAZIL, INC.

SECOND: The document number of the corporation (if known) is P08000036616

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 06/30/2008

FOURTH: The Revocation of Dissolution was authorized on 07/01/2008

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)

CARLOS R SOARES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
2008 AUG 29 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$35

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:

Brasmed Brazil Inc.

SECOND: The document number of the corporation (if known): P08000036616

THIRD: The file date of the articles of incorporation: 4/10/08

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: Carlos Soares

(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.)

Carlos Soares

(Typed or printed name of person signing)

Officer

(Title of Person Signing)

Filing Fee: \$35

FILED
2008 JUN 30 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA