

PD8000090835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

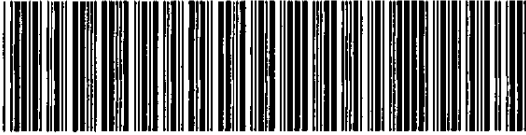
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 14 AM 9:58

Rev. of Diss  
CC  
@ 3/15/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** A&B NURSING SERVICES, INC.

**DOCUMENT NUMBER:** P08000090835

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

Please return all correspondence concerning this matter to the following:

**BELKIS B PALACIO**

Name of Contact Person

**A&B NURSING SERVICES, INC.**

Firm/Company

**9331 SW 4TH ST., #107**

Address

**MIAMI, FL 33174-2204**

City/State and Zip Code

**bbpalacio@comcast.net**

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

For further information concerning this matter, please call:

**BELKIS B PALACIO**

Name of Contact Person

at ( **786** ) **208-5979**

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 A&B NURSING SERVICES, INC.

SECOND: The document number of the corporation (if known) is P08000090835


THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 12/19/2011

FOURTH: The Revocation of Dissolution was authorized on 02/24/12

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)

**BELKIS B PALACIO**  
(Typed or printed name of person signing)

**DIRECTOR**  
(Title of person signing)

**FILING FEE \$35**

12 MAR 14 AM 9:58  
FULL  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1401, 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:  
A&B NURSING SERVICES, INC.
- SECOND:** The document number of the corporation: P08000090835
- THIRD:** The file date of the articles of incorporation: October 6, 2008
- FOURTH:** None of the corporation's shares have been issued.
- 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 directors 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: BELKIS B PALACIO PRESIDENT/DIRECTOR  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative