P08000098687

(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Forest Hill Reha	abilitation Center, Inc.
DOCUMENT NUMBER: P08000098687	
The enclosed Articles of Revocation of Dissolution	on and fee are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
John Romano	
(Name of C	Contact Person)
c/o Forest Hill Rehabilitation Center	
(Firm/	Company)
555 NT 0415 Object 20404	
555 NE 34th Street #2104	Idress)
	,
Miami, Fl 33137	
(City/State	and Zip Code)
For further information concerning this matter, ple	ease call:
John Romano	at (305) 803-7705
(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	S43.75 Filing Fee & S52.50 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 Forest Hill Renabilitation Center, inc.
SECOND: THIRD:	The name of the corporation is Forest Hill Renabilitation Center, inc. The document number of the corporation (if known) is P08000098687 The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 2/12/09
FOURTH:	The Revocation of Dissolution was authorized on 2/06/09
FIFTH:	Adoption of Revocation of Dissolution (check one)
	 ☑ The board of directors revoked the dissolution. ☐ The incorporators 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.
SIXTH:	A copy of the Articles of Dissolution is attached.
	Signature (By a disease president of 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) John Romano (Typed or printed name of person signing)
	P (Title of person signing)
	f into or become affirmity.

• 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:
	Forest Hill Rehabilitation Center, Inc.
SECOND:	The document number of the corporation (if known): P08000098687
THIRD:	The date dissolution was authorized: 2/6/09
	Effective date of dissolution if applicable: (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 antified 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, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	John Romano
	(Typed or printed name of person signing)
	P
	(Title of person signing)

Filing Fee: \$35