Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000251408 3)))

H090002514083ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet:

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAMARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019 Phone: (305)552-5973

Phone : (305)552-5973 Fax Number : (305)220-1440

Enter the email address for this business ontity to be used for future annual report mailings. Enter only one email address please.

Email Address:

STURE VARY OF STAILS

REVOCATION OF DISSOLUTION MIAMI SPRINGS THERAPY CENTER INC

Certificate of Status 0
Certified Copy 0
Page Count 03
Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

Chro

Help

FAX NO. :3052201440

H09000251408

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 MIAMI SPRINGS INCRE	ipy
	CENTER INC	• 1
SECOND:	The document number of the corporation (if known) is P08000/00	7967
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is	on
FOURTH:	The Revocation of Dissolution was authorized on	
FIFTH:	Adoption of Revocation of Dissolution (check one)	
	The incorporators revoked the dissolution. The board of directors revoked the dissolution authorized by the sharehold was permitted by action by the board of directors alone pursuant to that aut The shareholders revoked the dissolution and the number of votes cast was approval. The shareholders revoked the dissolution by voting groups - the number of was sufficient for approval. (voting group)	horization. sufficient for
SIXTH:	A copy of the Articles of Dissolution is attached.	FILED C-3: AM 9: LARY OF STA LASSEE, FLO
	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)	ATE 3
	Mario De la "ROSA", (Typed or printed name of pensus signing)	
	PRESIDENT.	,
	(704-0-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1	

FILING FEE \$35

H09000251408

FROM LAZARUS

FAX NO. :3052201440

Dec. 03 2009 12:11PM P3

PROM ": L'AZARUS

FRX NO. :3052201440

Nov. 28 2889 12:21PM P2

H09000245080

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

Pirst: .	The name of the corporation as currently Illed with the Florida Department of State;				
	miami springs THEROLPY CENTER In	C			
BCOND:	The document number of the corporation (if known): P080000 109	967	_		
THIRD:	The date dissolution was authorized:	ــــــــــــــــــــــــــــــــــــ			
	Effective date of dissolution if applicable: (no many time to drys after dissolution	filo date)	-		
POURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes east for dissolution was sufficient for approval.				
	Dissolution was approved by the shareholders through voting groups.				
•	The fullowing statement must be exparately 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				
		3 ×			
	(voting group)	9 NOV 20			
•	•				
		S. F.	(A)		
•	Signature: (By a disector, president or other officer - if diseases or officers have not been selected, by	- To	•		
	on locorporator - 12 is the hundr of a countrier, trustee, or either court statuted Schoolery, by that (identity)	, -			
	MARIO DELA ROSA				
	(Typed or printed name of pornon signing)				
	President		•		
	(Trida of paragin gland)				

Filling Fee: \$35 H 0 9 0 0 0 2 4 5 0 8 0