

P09000 018 048

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

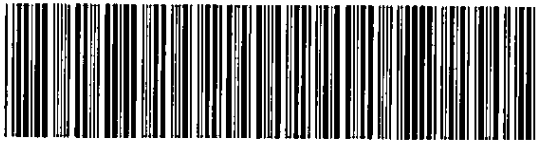
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

9-16-19

Office Use Only



300331552163

07/18/19--01020--006 \*\*100.00

SEP 16 PM 1:17  
SEP 16 2019  
SEP 16 2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Carlb Medical and Wellness Center Inc.

**DOCUMENT NUMBER:** 909000018048

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

Please return all correspondence concerning this matter to the following:

Jean Russell  
Name of Contact Person

Carlb Medical and Wellness Center Inc.  
Firm/Company

38 NE. 20th Ave.  
Address

Pompano Beach, FL 33060  
City/State and Zip Code

Jamruss@comcast.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Russell At (561) 502-8486  
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: Carb medical and Wellness Center Inc

SECOND: The document number of the corporation (if known) is P09000018000

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 6/21/19

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: The Revocation of Dissolution was authorized on 7/19/2019


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.)

Jean Russell

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

FILED  
Jun 21, 2019  
Secretary of State

## 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:  
CARIB MEDICAL AND WELLNESS CENTER INC.
- SECOND: The document number of the corporation: P09000018048
- THIRD: The file date of the articles of incorporation: February 26, 2009
- FOURTH: 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: A majority of the incorporators 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: JEANE RUSSELL

PRESIDENT

---

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED  
Jun 21, 2019  
Secretary of State

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

CARIB MEDICAL AND WELLNESS CENTER INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

CARIB MEDICAL AND WELLNESS CENTER IS NOT IN OPERATION PRESENTLY DUE TO UNFORSEEN CIRCUMSTANCES WE ARE FORCED TO CLOSED OUE OFFICE AS THE PRESIDENT I AM SUBMITTING THIS APPLICATION SO THAT YOU MAY OFFICIALY CLOSED THIS CORPORSTION

Mailing address where claims can be sent:

211 NW 119 DRIVE  
CORAL SPRINGS, FL 33071 UN

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

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: JEANE RUSSELL

\_\_\_\_\_  
Electronic Signature of the Person Filing