## 90900020922

(Requestor's Name)
•
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EAN REHABILIT	TATION CENTER INC.	
DOCUMENT NUMBER: P09000020922		
The enclosed Articles of Revocation of Dissolut	tion and fee are submitted	for filing.
Please return all correspondence concerning this	matter to the following:	
JAVIER	BANOS, ESQ	
Name of	Contact Person	
JAVIER B	BANOS, ESQ PA	
Firm	n/Company	
	WAY, Miami, FL 33145	<u> </u>
	Address	
City/Stat	e and Zip Code	
·	•	
E-mail address: (to be used f	or future annual report notific	ation)
For further information concerning this matter, p	please call:	
JAVIER BANOS ESQ	at ()	
Name of Contact Person	Area Code & Dayti	me 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 Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle
35,00	Depart.	ant of State

## 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 <u>EAN REHABILITATION CENTER</u> INC.
SECOND:	The document number of the corporation (if known) is P09000020922 .
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 04/05/2010
FOURTH:	The Revocation of Dissolution was authorized on 04/05/2010.
FIFTH:	Adoption of Revocation of Dissolution (check one)
	<ul> <li>□ The board of directors revoked the dissolution.</li> <li>□ The incorporators revoked the dissolution.</li> <li>□ 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.</li> <li>□ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.</li> <li>☑ The shareholders revoked the dissolution by voting groups - the number of votes cast by was sufficient for approval.</li> </ul>
SIXTH:	A copy of the Articles of Dissolution is attached.  Signature  (By a director, president or other officer - it directors or officers have not been selected, by an incorporator - if in the hands of a receiver, thusteel or other court appointed fiduciary, by that fiduciary)
	GUSTAVO RAMIREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

**FILING FEE \$35** 

## 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:	
	EAN REHABILITATION CENTER INC	
SECOND:	The document number of the corporation (if known): P09000020922  The date dissolution was authorized: 04/05/2010	_
mw.	Effective date of dissolution if applicable: 04/05/2010  (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.	on
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately 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	
	100 %	
	Signature:  (By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary)  GUSTAVO RAMIREZ  (Typed or printed name of person signing)	The same
	PRESIDENT (Title of person signing)	
	( time of person aigning)	

Filing Fee: \$35