

P09000076734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

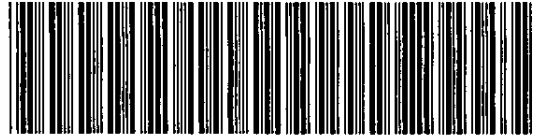
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/25/12--01015--001 **35.00

SEP 25 2012
TALLAHASSEE, FLORIDA
12 SEP -7 AM 8:01

Rev of Diss

SEP 25 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sante Age Management Solutions
DOCUMENT NUMBER: P09000076734 INC.

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

Please return all correspondence concerning this matter to the following:

Kathryn Sanchez
Name of Contact Person

SANTE AGE Management Solutions
Firm/Company

2020 N Bayshore Dr #1010
Address

Miami FL 33137
City/State and Zip Code

Katsancheza@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Sanchez At (786) 768 8730
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

RECEIVED
12 SEP 17 11 03 AM
DIVISION OF CORPORATIONS
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 _____

Sante Ace Management Solutions, Inc.

SECOND: The document number of the corporation (if known) is P0900007673Y

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 5/7/12

FOURTH: The Revocation of Dissolution was authorized on 9-11-12

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)

Kathryn Sanchez

(Typed or printed name of person signing)

VP

(Title of person signing)

FILED
SEP - 7 AM 8:01
TALLAHASSEE FLORIDA

FILING FEE \$35

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

Sante Ace Management Solutions

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

P09000076734 INC

THIRD: The file date of the articles of incorporation:

9/14/2009

FOURTH: (CHECK AT LEAST ONE BOX)

☒ 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: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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.)

Carlos Sanchez

(Typed or printed name of person signing)

Pres

(Title of Person Signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY -7 AM 9:04

Filing Fee: \$35