P1000012099

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
	WAIT .	
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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Rov. Diss.
02-26-14

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

	1		
NAME OF CORPO	RATION: QUALITY	PHARMACY & D	ISCOUNT CORP
DOCUMENT NUM	_{BER:} P10000012	2099	
The enclosed Articles	of Revocation of Dissolu	tion and fee are submitted	l for filing.
Please return all corre	spondence concerning this	s matter to the following:	
GUSTA'	VO FUNDORA	4	
+ the brown and a second	Name of	Contact Person	
QUALIT	Y PHARMAC'	Y & DISCOUN	NT CORP
	Firm	/Company	·
1133 W	EST 29 STRE	ET	
	A	Address	
HIALEA	H, FL 33012		
		e and Zip Code	
PLUZQU	INOSF@HOT	MAIL.COM or future annual report notifica	ation)
For further information	on concerning this matter,	·	,
		picuse carr.	
PEDRO LU	ZQUINOS	_{At (} 954_ ₎ 655	5-8413
Name	of Contact Person	Area Code & Dayti	me Telephone Number
Enclosed is a check for	or 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 Division of P.O. Box 6	nt Section Corporations	Street Address: Amendment Sect Division of Corp 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: QUALITY PHARMACY & DISCOUNT COR	<u>Р</u> —				
SECOND:	The document number of the corporation (if known) is P10000012099					
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 02/03/2014.					
FOURTH:	The Revocation of Dissolution was authorized on 02/21/2014					
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 are revocation was permitted by action by the board of directors alone pursuant to the authorization. The shareholders revoked the dissolution and the number of votes cast was sufficient approval. The shareholders revoked the dissolution by voting groups - the number of votes was sufficient for approval. 	nat cient fo				
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) GUSTAVO FUNDORA (Typed or printed name of person signing)	•				
	PRESIDENT					
	(Title of person signing)					

Feb 03, 2014 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

QUALITY PHARMACY & DISCOUNT CORP

SECOND:

The document number of the corporation: P10000012099

THIRD:

The date dissolution was authorized: February 3, 2014

Effective date of dissolution: February 3, 2014

FOURTH:

Dissolution was approved by the shareholders. The number of votes cast for dissolution

was sufficient for approval.

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: GUSTAVO FUNDORA

PRESIDENT

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