

APR/21/2015/TUE 12:27 PM

FAX No.

P. 001

4/20/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**REVOCATION OF DISSOLUTION
WORLD REHABILITATION CARE, INC.**

Certificate of Status	0
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4/21/15

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FAX No. P.002
4/21/2015 11:23:17 AM PAGE 1/001 Fax Server



April 21, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WORLD REHABILITATION CARE, INC.
9421 S ORANGE BLOSSOM TRAIL SUITE 19
ORLANDO, FL 32837

SUBJECT: WORLD REHABILITATION CARE, INC.
REF: P10000053301

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the box in the fifth paragraph that says the incorporators revoked the dissolution. The revocation of dissolution must be authorized the same way as the articles of dissolution. Please include a copy of the actual dissolution when you resubmit the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: E15000096019
Letter Number: 615A00007946

RECEIVED

15 APR 21 PM 1:02

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32314

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: WORLD REHABILITATION CARE, INC.

SECOND: The document number of the corporation (if known) is P10000053301

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

FOURTH: The Revocation of Dissolution was authorized on 04/17/2015

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)

DR. CESAR O. IRIZARRY.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
Jan 07, 2015
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:
WORLD REHABILITATION CARE, INC.
- SECOND:** The document number of the corporation: P10000053301
- THIRD:** The file date of the articles of incorporation: June 24, 2010
- 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: **CESAR O IRIZARRY**

PRESIDENT

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

FILED
Jan 07, 2015
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:

WORLD REHABILITATION CARE, 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:

PLEASE CONTACT GONZALEZ & ASSOCIATES FOR FURTHER INFORMATION

Mailing address where claims can be sent:

9421 S ORANGE BLOSSOM TRAIL
SUITE 19 A
ORLANDO, FL 32837

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: CESAR O IRIZARRY

Electronic Signature of the Person Filing