

P110000 79432

(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:

Office Use Only



700256033287

02/10/14--01025--012 **35.00

14 FEB 10 AM 11:47

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

REC-0518
FEB 18 2015
TJEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GRAND CENTRAL HEALTH CENTER
DOCUMENT NUMBER: P11000079432

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

Please return all correspondence concerning this matter to the following:

ROMANE BERNAGENE
Name of Contact Person

GRAND CENTRAL HEALTH CENTER
Firm/Company

3125 W. ATLANTIC BLVD
Address

POMPANO BEACH, FL 33069
City/State and Zip Code

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

For further information concerning this matter, please call:

ROMANE BERNAGENE At (954) 268-0319
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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: GRAND CENTRAL HEALTH CENTER, INC.

SECOND: The document number of the corporation (if known) is P11000079432

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 02-04-14

FOURTH: The Revocation of Dissolution was authorized on 02-06-14

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 Michael J. Morreale D.C.
(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)

MICHAEL J. MORREALE
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 10 AM 11:47

FILING FEE \$35

FILED
Feb 04, 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:
GRAND CENTRAL HEALTH CENTER , INC.
- SECOND: The document number of the corporation: P11000079432
- THIRD: The date dissolution was authorized: February 4, 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: MICHAEL J MORREALE DIRECTOR

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