## P11000104781

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOLUTION O	f corporation	
DOCUMENT NUMBER: P1100010	94781	
The enclosed Articles of Dissolution and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
LAZARO ESTRI		
(Name of Contact Person)		
ADVANCE HEALTH THERAPY, INC.		
(Firm/Company)		
7805 CORAL WAY	suite 129	
(Addres	ss)	
MIAMI, FL 33155		
(City/State an	d Zip Code)	
For further information concerning this matter,	blease call:	
(Name of Contact Person)	at (305) 748 1348  (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status C	43.75 Filing Fee & S52.50 Filing Fee, ertified Copy dditional copy is enclosed)  \$\sum_{\text{\$\frac{52.50}{100000000000000000000000000000000000	
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 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	:
	Advance Health Therapy Inc.	
SECOND:	The document number of the corporation (if known): P/1000104781	
THIRD:	The file date of the articles of incorporation: 12-08-2011	
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.	to avis
	A majority of the directors authorized the dissolution.	12 APR 19
Sigr	(By a director, president or other officer - if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)  LAZARO ESTRADA  (Typed or printed name of person signing)  PRESIDENT  (Title of Person Signing)	AM 9: 12
	(Title of Person Signing)	

Filing Fee: \$35