## P120000003148

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	TH CARE, INC
DOCUMENT NUMBER: P12000003148	
The enclosed Articles of Revocation of Dissol	<i>lution</i> and fee are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
EYLEN FLEITAS	
Name o	of Contact Person
- En	m/Company
3955 SW 137 AVE SUITE	mircompany
	Address
MIAMI, FL 33175	
·	ate and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter	
EYLEN FLEITAS	At ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## 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:  E & R HEALTH CARE INC		
SECOND:	The document number of the corporation (if known) is P12000003148		
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution of Filed with the Florida Department of State is		
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements: this date will not be listed as the document's effective date on the Department of State's records.		
FOURTH:	The Revocation of Dissolution was authorized on		
FIFTH:	<ul> <li>Adoption of Revocation of Dissolution (check one)</li> <li>■ The board of directors/incorporation revoked the dissolution.</li> <li>□ 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.</li> <li>□ The shareholders revoked the dissolution and was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.</li> </ul>		
SIXTH:	A copy of the Articles of Dissolution is attached.  Signature Eylen Flexber		
	(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 tiduciary)  EYLEN FLEITAS		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

**FILING FEE \$35** 

## 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:

E&R HEALTH CARE INC.

SECOND: The document number of the corporation: P12000003148

THIRD: The file date of the articles of incorporation: January 10, 2012

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors 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: EYLEN FLEITAS PRESIDENT

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