

04/29/2011 10:50

3052201440

LAZARUS

PAGE 102105

Florida Department of State  
Division of Corporations  
Electronic Filing Co.

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000105930 3)))



H160001059303ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REVOCATION OF DISSOLUTION  
UNIQUE NURSING CARE AT HOME, INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

*Rev. of  
DISS*

16 APR 29 AM 11:55

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04/29/2016 10:58  
850-817-8381

3052281440

LAZARUS  
4/29/2016 11:26:45 AM FAX

PAGE 01/05



April 29, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

UNIQUE NURSING CARE AT HOME, INC  
2711 SW 137 AVE  
SUITE#97  
MIAMI, FL 33175US

SUBJECT: UNIQUE NURSING CARE AT HOME, INC  
REF: P12000069391

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.

The effective date/file date of the Articles of Dissolution is April 27, 2016 and the date the Revocation of Dissolution can't be before the dissolution was filed.

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

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H16000105930  
Letter Number: 716A00008934

16 APR 29 AM 11:55

P.O. BOX 6327 - Tallahassee, Florida 32314

H16000105930

## 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: Unique Nursing  
Care at home, Inc

SECOND: The document number of the corporation (if known) is P12000069391

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 4-28-16


FOURTH: The Revocation of Dissolution was authorized on 4-27-16

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)

Jose Guillermo Ruiz

(Typed or printed name of person signing)

(P)

(Title of person signing)

FILED  
2016 APR 29 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H16000105930

**FILED**  
**Apr 27, 2016**  
**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:  
**UNIQUE NURSING CARE AT HOME, INC**
- SECOND:** The document number of the corporation: P12000069391
- THIRD:** The file date of the articles of incorporation: August 10, 2012
- 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 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: **JESUS PORRAS**

**REGISTERED AGENT**

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

**FILED**  
**Apr 27, 2016**  
**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:

**UNIQUE NURSING CARE AT HOME, 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:

THE CORPORATION HAS NOT COMMENCED BUSINESS

Mailing address where claims can be sent:

14750 SW 26 ST  
SUITE 116  
MIAMI, FL 33185

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: **JESUS PORRAS**

Electronic Signature of the Person Filing