

PI4000014752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

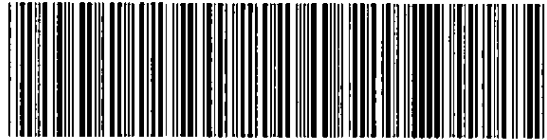
(Document Number)

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## **COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Healthlink Associates

**DOCUMENT NUMBER:** P14000014752

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

Please return all correspondence concerning this matter to the following:

Peter Mincieli

Name of Contact Person

HealthLink Associates

Firm/Company

2601 sE 7TH sTREET

Address

Pompano Beach, Florida 33062

City/State and Zip Code

pmincieli@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Mincieli

Name of Contact Person

At ( 954 ) 818-9204

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee

## 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: HealthLink Associates, Inc

SECOND: The document number of the corporation (if known) is P14000014752

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution  
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: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors/incorporation 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 was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

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)

Peter Mincieli

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**

## ARTICLES OF DISSOLUTION

Signature: PETER MINCIELI PRESIDENT  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

**FILED**  
**Jul 20, 2023**  
**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:

HEALTHLINK ASSOCIATES, 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:

CORPORATION IS HEREBY DISSOLVED BECAUSE THE STRUCTURE IS NOT NECESSARY ANY LONGER

Mailing address where claims can be sent:

2601 SE 7TH STREET  
POMPANO BEACH, FL 33062 US

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: PETER MINCIELLO