

P15 0000 84054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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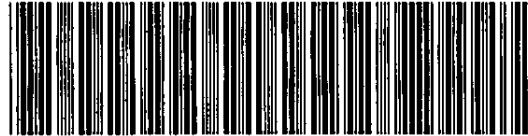
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Conquest Home Care Nursing, Inc
DOCUMENT NUMBER: P15000084054

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

Please return all correspondence concerning this matter to the following:

Jacinth Burton
Name of Contact Person

Conquest Home Care Plus Inc
Firm/Company

7491 W Oakland Pk Blvd #301
Address

Lauderhill, FL 33319
City/State and Zip Code

jburtone.conquesthomecare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacinth Burton At (305) 491-4181
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input 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 checked="" 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: Conquest Home Care Nursing Inc.

SECOND: The document number of the corporation (if known) is P15000084054

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

filed with the Florida Department of State is Feb. 9, 2016

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 March 9, 2016

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

JB Burton - President

(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)

Jacinth Burton

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FLORIDA

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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:
CONQUEST HOME CARE NURSING, INC.
- SECOND:** The document number of the corporation: **P15000084054**
- THIRD:** The file date of the articles of incorporation: **October 12, 2015**
- 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: **JACINTH BURTON**

PRESIDENT

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