

PI 6000012187

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(Address)

(Address)

(City/State/Zip/Phone #)

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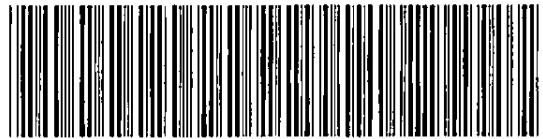
(Business Entity Name)

(Document Number)

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2010.03.2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEAN MICHAEL HEALTH CARE SERVICES, INC.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PAULA GONZALEZ

Contact Person

JEAN MICHAEL HEALTH CARE SERVICES, INC.

Firm/Company

15291 NW 60TH AVE

Address

MIAMI LAKES, FL 33014

City, State and Zip Code

Spacekidstherapy@gmail.com

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

For further information concerning this matter, please call:

Juan Gonzalez

Name of Contact Person

at (786) 306-2561

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☒ \$113.75 Filing Fee.
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE
OF
REVOCATION OF DISSOLUTION
FOR**

JEAN MICHAEL HEALTH CARE SERVICES, INC.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

08/14/2025

SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.

THIRD: The revocation of dissolution was authorized on:

08/10/2025

FOURTH: Attached is a copy of the certificate of dissolution.

FIFTH: Effective date, if other than the date of filing: 08/14/2025
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Paula P. Gonzalez

Mercedes Gonzalez

Manuel Lopez

[Signature]

Michael Loyale

JUAN GONZALEZ

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$ 8.75