

P160000086550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 DEC 16 AM 10:06

DEC 19 2016
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COVER LETTER

TO: Amendment Section
Division of Corporations

FILED
DIVISION OF CORPORATIONS
16 DEC 16 AM 10:06

NAME OF CORPORATION: OFCUS PHARMA INC. _____

DOCUMENT NUMBER: P16000086550 _____

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

Please return all correspondence concerning this matter to the following:

ARMANDO LLORENS

Name of Contact Person

Firm/Company

630 OCEAN DRIVE, SUITE 114

Address

JUNO BEACH, FLORIDA 33408

City/State and Zip Code

armando@furgang.com

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

For further information concerning this matter, please call:

ARMANDO LLORENS

Name of Contact Person

At (561) 351-2722

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
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: OCUS PHARMA INC

SECOND: The document number of the corporation (if known) is P16000086550.

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution
filed with the Florida Department of State is December 15, 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 December 15, 2016.

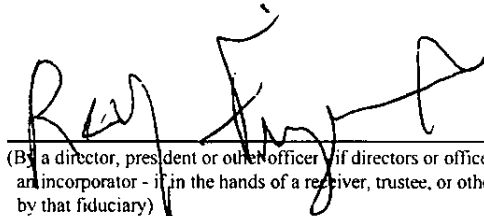
FIFTH: Adoption of Revocation of Dissolution (check one)

- ☒ 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



(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)

REY FIGUEROA

(Typed or printed name of person signing)

REY FIGUEROA

(Title of person signing)

16 DEC 16 AM 10:01
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED
Dec 07, 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:
OFCUS PHARMA INC
- SECOND:** The document number of the corporation: P16000086550
- THIRD:** The file date of the articles of incorporation: October 25, 2016
- 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 incorporators 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: /ARMANDO LLORENS/ SECRETARY
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED
Dec 07, 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:

OFCUS PHARMA 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 DID NOT COMMENCE BUSINESS, ISSUES SHARES OR TAKE ANY ACTIONS.

Mailing address where claims can be sent:

630 OCEAN DRIVE
114
JUNO BEACH, FL 33408 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: /ARMANDO LLORENS/

Electronic Signature of the Person Filing