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Certified Copies	_	s of Status
Special Instructions to Spoke wth J or 5/25/17 or Revocation felled the	Filing Officer: CHAFO L TO CHAP OF PLUSA Some as	veiler ne Adoption union to union to the assolution

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S. TALLENT MAY 2 3 2017

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Empower Health NAME OF CORPORATION:	h Group,Inc.	
DOCUMENT NUMBER: PINDO	3366	
The enclosed Articles of Revocation of Dissolu	ution and fee are submitted	for filing.
Please return all correspondence concerning this	s matter to the following:	
Jennifer Weiler		
Name of	Contact Person	
Empower Health Group		
Firm	n/Company	
5840 SW 13TH Street		
,	Address	
Plantation, FL 33317		
City/Stat	te and Zip Code	, , , , , , , , , , , , , , , , , , , ,
RMSLEAD@YAHOO.COM		/
E-mail address: (to be used for	or future annual report notifica	tion)
For further information concerning this matter,	please call:	
JENNIFER WEILER	At () 261-554	42
Name of Contact Person	Area Code & Daytin	me Telephone Number
Enclosed is a check for the following amount:		
■ \$35 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	Street Address: Amendment Sect Division of Corpe	

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:

FIKS1:	The name of the corporation is:			
EMPOWER	HEALTH GROUP,INC.			
SECOND:	The document number of the corporation (if known) is P1700003366			
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution			
	filed with the Florida Department of State is 05/02/2017			
	Note: If the date inserted in this block does not meet the applicable statutory filing requot be listed as the document's effective date on the Department of State's records.	uirements, this date wil		
FOURTH:	The Revocation of Dissolution was authorized on	<u>.</u>		
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 share revocation was permitted by action by the board of directors alone pura authorization. The shareholders revoked the dissolution and the number of votes cast approval. The shareholders revoked the dissolution by voting groups - the number of votes cast approval. 	suant to that was sufficient for		
	was sufficient for approval.			
	(Voting group)	5 /2 5		
SIXTH:	A copy of the Articles of Dissolution is attached.	TANA 15		
	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)	AH II: 56		
	JENNIFER WEILER			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

FILED May 02, 2017 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:

EMPOWER HEALTH GROUP, INC.

SECOND:

The document number of the corporation: P17000033661

THIRD:

The file date of the articles of incorporation: April 12, 2017

FOURTH:

None of the corporation's shares have been issued.

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: ALINA CASASUS

S

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