

P180000 62626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

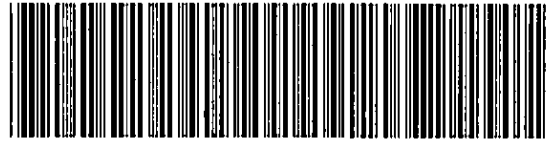
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT -8 PM 1:33
TALLAHASSEE, FL
SUN

OCT 28 2019
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Varona oral and maxillofacial surgery

DOCUMENT NUMBER: P18000062626

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

Please return all correspondence concerning this matter to the following:

Yosvany Varona Del Pino

Name of Contact Person

Varona Oral and Maxillofacial Surgery

Firm/Company

324 SW 62nd ct

Address

Miami, Florida 33144

City/State and Zip Code

drvarona@hotmail.com

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

For further information concerning this matter, please call:

Yosvany Varona Del Pino

Name of Contact Person

At (786) 317-2658

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: Varona Oral and Maxillofacial Surgery

SECOND: The document number of the corporation (if known) is P18000062626

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 08/30/2019.

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 09/28/2019

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)

Yosvany Varona del Pino

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

2019 OCT -8 PM 1:33

100

FILED
Aug 30, 2019
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:
VARONA ORAL AND MAXILLOFACIAL SURGERY INC
- SECOND: The document number of the corporation: P18000062626
- THIRD: The file date of the articles of incorporation: July 18, 2018
- 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 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: YOSVANY VARONA DEL PINO PRESIDENT

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

FILED
Aug 30, 2019
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:

VARONA ORAL AND MAXILLOFACIAL SURGERY 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:

MY BUSINESS ENTITY IS NO LONGER IN BUSINESS

Mailing address where claims can be sent:

324 SW 62ND CT
MIAMI, FL 33144

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: YOSVANY VARONA DEL PINO

Electronic Signature of the Person Filing