Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000164400 3)))



H230001644003ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL REVIVME MASSAGE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	REVIVE MASSAGE INC.			
SECOND:	The document number of the corporation (if known): P1900037714			
THIRD:	The date dissolution was authorized: MAY 02, 2023			
	The document number of the corporation (if known): P1700037714 The date dissolution was authorized: MAY 02, 2023 Effective date of dissolution if applicable: (no more than 90 days after dissolution tile date) Adoption of Dissolution (CHECK ONE)			
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for diss was sufficient for approval.			
	 Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by 			
				(veting group)
				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.
	ERNEST PASTOR			
	(Typed or printed name of person signing)			
	President			
	(Tale of person signing)			

Filing Fee: \$35

MARKET STATE OF THE STATE OF TH