

P220000064815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

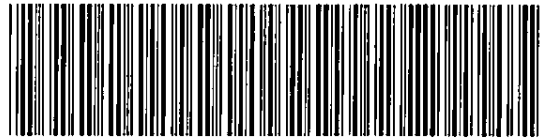
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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revocation of
dissolution

RECEIVED
2024 JAN 22 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2024 JAN 22 AM 10:31
TALLAHASSEE, FLORIDA

A. RAMSEY

JAN 23 2024

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$35.00

Authorization Signature:  :

ATLANTIC MEDICAL CARE OF BROWARD, INC P22000064815

BUSINESS NAME DOCUMENT #

____ Certified Copy

Certificate of Status

NEW FILINGS

Profit Corp

Not for Profit

Limited Liability

Domestication

LLLP

____CORP

Other

Other

AMMENDMENTS

Amendment

Resignation of R.A. Officer/Director

 Change of Registered Agent

X Revocation of Dissolution

___ Merger

Articles of Conversion

Restated Articles of Incorporation

Statement of Authority

OTHER FILINGS

___ Apostille

Country

Annual Report

Fictitious Name

REGISTRATION/QUALIFICATIONS

Foreign Filing

Reinstatement

Qualification

Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Atlantic Medical Care of Broward, Inc
DOCUMENT NUMBER: P22000064815

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

Please return all correspondence concerning this matter to the following:

Robert Hawk
Name of Contact Person

Atlantic Medical Care of Broward, Inc
Firm/Company

4473 North State Rd 7
Address

Lauderdale Lakes FL 33319
City/State and Zip Code

Rhawk2664@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Hawk At (561) 260-4996
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

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: 2024 JAN 22 AM 10:31

FIRST: The name of the corporation is: Atlantic Medical Care of Broward, Inc

SECOND: The document number of the corporation (if known) is P22000064815

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 1/20/2024.
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 1/21/2024.

FIFTH: Adoption of Revocation of Dissolution (check one)
☒ The board of directors/incorporation 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 was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

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)

Robert Hawk

(Typed or printed name of person signing)

PTS

(Title of person signing)

FILING FEE \$35

FILED
Jan 20, 2024
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:
ATLANTIC MEDICAL CARE OF BROWARD, INC
- SECOND: The document number of the corporation: P22000064815
- THIRD: The file date of the articles of incorporation: August 17, 2022
- 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, if any, have been distributed.
- SEVENTH: A majority of the incorporators or 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: ROBERT HAWK

PTS

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