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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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REVOCATION OF DISSOLUTION HERCAI REHABILITATION CENTER INC

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ARTICLES OF REVOCATION OF DISSOLUTION 23 JAN 18 PM 12 44

Pursuant to section 607.1404, Fiorida 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: HERCAI REHABILITATION CENTER INC		
SECOND:	The document number of the corporation (if known) is _P22000066661		
THIRD:	The effective date (or file date, if no effective date) of the Articles of D. ssolution filed with the Florida Department of State is		
FOURTH:	The Revocation of Dissolution was authorized on		
FIFTH:	Adoption of Revocation of Dissolution (check one)		
	 ☑ The board of directors revoked the dissolution. ☑ The incorporators 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. 		
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 count appointed fiduciary, by that fiduciary) (Typed or printed name of person signing) (Title of person, signing)		

12/09/2022 18:16 3052201440

FOURTH:

3052201440

LAZARUS CORPORATE PAGE 02/02

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Fiorida profit corporation submits the following articles FIRST: The name of the corporation as currently filed with the Florida Department of State: SECOND:

The document number of the corporation (if known): \(\frac{1220}{} \) THIRD: The date dissolution was authorized:

> Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)

Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes east for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groeps. 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

(cuora gailov)

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 fiducially, by that fiduciary)