Pa3000082851

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	J. HORNE APR 17 2024

Office Use Only



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03/27/24--01827--004 **35.00







FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Revocation of Dissolution for a Florida profit corporation.

A corporation can revoke its Articles of Dissolution by filing Articles of Revocation of Dissolution with the Division of Corporations pursuant to section 607.1404, Florida Statutes. The revocation must be filed prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution with the Department of State. The effective date is not to be confused with the date of authorization of the Articles of Dissolution by the corporation.

Revocation of dissolution must be authorized in the same manner as the dissolution was authorized unless that authorization permitted revocation by action of the board of directors alone, in which event the board of directors may revoke the dissolution without shareholder action.

A copy of the Articles of Dissolution should accompany the Articles of Revocation of Dissolution.

Section 607,0120, Florida Statutes, requires that the document be typed or printed, and must be legible.

The corporation is responsible for filing its current annual report if not previously filed. Failure to file the annual report will result in the administrative dissolution of the corporation.

FEES:

Articles of Revocation:	\$ 35.00
Certified Copy (optional)	\$ 8.75
Certificate of Status (optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Any further inquiries concerning this matter should be directed to the Amendment Section by calling (850) 245-6050.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

COVER LETTER

TO: Amendment Section Division of Corporations SAM Therapy Services Corp NAME OF CORPORATION: P23000082851 DOCUMENT NUMBER:_ The enclosed Articles of Revocation of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sheila Arevalo Miranda Name of Contact Person SAM Therapy Services Corp Firm/Company 3248 NW 102nd Street Address Miami, Florida, 33147 City/State and Zip Code sheilaarevalomiranda1997@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sheila Arevalo Miranda Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: • \$35 Filing Fee ☐ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: SAM Therapy Services Corp
SECOND:	The document number of the corporation (if known) is P23000082851.
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution
	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 11/29/2023 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. The Revocation of Dissolution was authorized on 03/09/2024
FOURTH:	The Revocation of Dissolution was authorized on03/09/2024
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 SHEILA AREVALO MIRANDA P (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)
	Sheila Arevalo Miranda
	(Typed or printed name of person signing)
	Director of the Corporation

FILING FEE \$35

(Title of person signing)

FILED Mar 09, 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:

SAM THERAPY SERVICES CORP

SECOND: The document number of the corporation: P23000082851

THIRD: The file date of the articles of incorporation: November 29, 2023

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: SHEILA AREVALO MIRANDA P

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