

PAS 000 019 439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

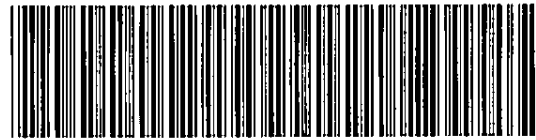
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

TG 4/16/25

Office Use Only



500448818405

04/16/25--01004--008 **52.50

FILED
25 APR 16 AM 10:59
TALLAHASSEE, FLORIDA

RECEIVED
2025 APR 16 AM 10:28
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CAPSCARE INC _____

DOCUMENT NUMBER: P95000019439 _____

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

Please return all correspondence concerning this matter to the following:

EDWARD HACKER

Name of Contact Person

CAPSCARE ACADEMY FOR HEALTH CARE EDUCATION

Firm/Company

1800 SOUTH DRIVE UNIT 1

Address

LAKE WORTH FLORIDA 33460

City/State and Zip Code

EDUCATION@CAPSCARE-ED.COM

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

For further information concerning this matter, please call:

EDWARD HACKER

Name of Contact Person

954 2603722

At (_____) _____

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

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: CAPSCARE INC

SECOND: The document number of the corporation (if known) is P95000019439

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution
filed with the Florida Department of State is 01/17/2025.
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 01/17/2025

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 the 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)

EDWARD HACKER

(Typed or printed name of person signing)

DIRECTOR PRESIDENT

(Title of person signing)

FILING FEE \$35

FILED
Jan 17, 2025
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:
CAPSCARE INC.
- SECOND: The document number of the corporation: P95000019439
- THIRD: The file date of the articles of incorporation: February 24, 1995
- 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: EDWARD HACKER PRESIDENT

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