P97000030435

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revocation of dissolution

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Recovery Cor	ncepts, Inc
DOCUMENT NUMBER: P97000030435	
The enclosed Articles of Revocation of Disso	dution and fee are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Harold Jonas	
Name	of Contact Person
RECOVERY CONCE	EPTS, INC.
Fi	irn/Company
550 SE 6th Ave Sui	te #200
	Address
Delray Beach, Fl.	33483
City/S	tate and Zip Code
jonas@sobernetwor	
E-mail address: (to be used	I for future annual report notification)
For further information concerning this matter	r, please call:
Harold Jonas	561 441-5004 At ()
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 & ☐ \$52.50 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: RECOVERY CONCEPTS, INC
SECOND:	The document number of the corporation (if known) is P-970 000 30435 The effective date (or file date, if no effective date) of the Articles of Dissolution
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution
	filed with the Florida Department of State is 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 February 15, 2022
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 by 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) HAROLD JONAS (Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

FILING FEE \$35

ARTICLES OF DISSOLUTION

FILED

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following artified: 42 on: SECRETARY OF CALLARASSEE, FLOR
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	EEWERY LONCERTS INC
SECOND:	The document number of the corporation (if known): P4+0 000 30435
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: THE DE & 2027
	(no more than 90 days after dissolution file date) 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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
S	(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)
-	(Typed or printed name of person signing)
-	(Title of person signing)

Filing Fee: \$35