P99000044861

| (Re | equestor's Name) | |
|---|---------------------|--------|
| (Ad | idress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone # |) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Name) | |
| (Document Number) | | |
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S. CHATHAM

JUN 2 / 2023



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: OXFORD DEN | TAL ASSOCIATES PA | |
|---|--|--|
| DOCUMENT NUMBER: P99000044861 | | |
| The enclosed Articles of Revocation of Dissolu | ation and fee are submitted for filing. | |
| Please return all correspondence concerning this | s matter to the following: | |
| GEOFFREY LESHANE, CPA | | |
| Name of | Contact Person | |
| LESHANE CPA PA | | |
| Firm | n/Company | |
| 44 S DIXIE HWY | | |
| | Address | |
| SAINT AUGUSTINE, FL 32084 | | |
| City/Sta | te and Zip Code | |
| gleshane@leshanecpa.com | | |
| E-mail address: (to be used t | or future annual report notification) | |
| For further information concerning this matter, | please call: | |
| GEOFFREY LESHANE | 904 827-0088 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 & □ \$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: OXFORD DENTAL ASSOCIATES, P.A. | | | |
|---------|--|------------------------------|--|--|
| SECOND: | The document number of the corporation (if known) is | | | |
| THIRD: | The effective date (or file date, if no effective date) of the Articles of Dissolution | | | |
| | filed with the Florida Department of State is | requirements, this date will | | |
| FOURTH: | Revocation of Dissolution was authorized on | | | |
| 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 share revocation was permitted by action by the board of directors alone pauthorization. The shareholders revoked the dissolution and was authorized by the manner required by this chapter and by the articles of incorporation. | e shareholders in the | | |
| SIXTH: | A copy of the Articles of Dissolution is attached. Signature (By a director, president or other officer - if diffetors or officers have not been selected, by an incorporator - if in the landsleff a receiver trustee, or other court appointed fiduciary, by that fiduciary) GREGORY OXFORD (Typed or printed name of person signing) | 2023 APR 11 AH 6: 57 | | |
| | PRESIDENT | | | |
| | (Title of person signing) | | | |

FILING FEE \$35