## 153092

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	»#)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DRYAM Drvylo	PERS INC
DOCUMENT NUMBER:	·
The enclosed Articles of Dissolution and fee are sul	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
THOMAS A SAI (Name of Person)	LERNO SR
DREAM DEVELOPEY (Name of Firm/Con	es Inc
(Name of Firm/Cor	npany)
6434 RENIDISCANIE	<b>;</b>
6434 RENAISS, ANCE	<u> </u>
PORT ORANGE A (City/State/and)	CL 32128
(City/State/and	Zip Code)
For further information concerning this matter, pleas	
THOMAS A SAURANC SR at (Name of Person)	386) 756-6644 Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ed Copy Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 25, 2004

THOMAS A. SALERNO, SR. DREAM DEVELOPERS', INC. 6434 RENAISSANCE PORT ORANGE, FL 32128

SUBJECT: DREAM DEVELOPERS', INC.

Ref. Number: L53092

We have received your document for DREAM DEVELOPERS', INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Letter Number: 604A00051862

Maryanne Dickey Document Specialist

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Department of State:
	DREAM DEVELOPERS, INC. F. P.
SECOND:	The decomposition of the company (15 Lines) 1 5 > D9 > PT P
THIRD:	The date dissolution was authorized: 81004
	The date dissolution was authorized:  Effective date of dissolution if applicable:  (no more than 90 days after dissolution file and 5)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	☐ Dissolution was approved by of the shareholders through voting groups.
	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
	(voting group)
	Signed this 10 day of August, 2004.
Signat	
	(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)
	THOMAS A SALERNO SR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35