

N03000004475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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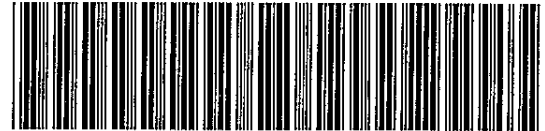
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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05/06/05--01016--102 \*\*43.75

Dissolution

T BROWN APR 14 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** 617.1401 DATED 3 APR 2005

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

Please return all correspondence concerning this matter to the following:

MARIE K. LEFAVE  
(Name of Person)

N/A  
(Name of Firm/Company)

637 MICHIGAN DRIVE NORTH  
(Address)

VENICE, FLORIDA 34293  
(City/State/and Zip Code)

For further information concerning this matter, please call: (941)

MARIE K. LEFAVE at (941) 492-2209  
(Name of 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 & 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, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

HAVENQUEST FOUNDATION INC

SECOND: The document number of the corporation (if known): NO 3000004475

THIRD: The file date of the articles of incorporation: MAY 28, 2003

FOURTH The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution (CHECK ONE)  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

The dissolution was authorized by a majority of the directors:  
OR

The dissolution was authorized by an incorporator.

The dissolution was authorized by a majority of the incorporators.

Signed this 3<sup>rd</sup> day of APRIL, 2005.

Signature: Marie K. LeRave  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

MARIE K. LE RAVE  
(Typed or printed name of person signing)

SECRETARY  
(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA