## P36920

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: WKI Holding Company, Inc. (Name of corporation)		
DOCUMENT NUMBER:		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Person)		
World Kitchen Inc (Firm/Company)		
11911 Freedom Drive Suite Loco (Address)		
Reston VA 20190 (City/State and Zip code)		
For further information concerning this matter, please call:		
Lovand Webber at (703) 456-4703 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET ADDRESS: Amendment Section Division of Corporations  MAILING ADDRESS: Amendment Section Division of Corporations		

409 E. Gaines St. Tallahassee, FL. 32399

P.O. Box 6327 Tallahassee, FL. 32314

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

WKI Holding Company, Inc (Name of Corporation)	
(Name of Corporation)	7 06 AL 06
P36920 (Document Number of Corporation (if known)	OS HAY
(Document Number of Corporation (if known)	ASSEE, FLORI
Delaw Arce	7 5 <b>5</b>
(Incorporated Under Laws of)	02 02
This corporation is no longer transacting business or conducting affairs within the State of voluntarily surrenders its authority to transact business or conduct affairs in Florida.	of Florida and hereby
This corporation revokes the authority of its registered agent in Florida to accept serv appoints the Department of State as its agent for service of process based on a cause of act time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
11911 Freedom Drive Sulta 600 (Mailing Address)	
Reston VA 20190 (City/State/Zip)	
The corporation agrees to notify the Department of State in the future of any change in its	mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other count appointed fiduciary, by that fiduciary)  (Date)	
Raymond T Kulla  (Typed or printed name of person signing)  (Title of person	Counsel - Senesty

FILING FEE \$35