

P97000025973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

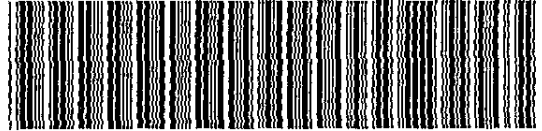
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/25/05--01016--020 \*\*43.75

FILED

05 OCT 25 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

*dis*

S. Goulette OCT 27 2005

**DONALD COFFIN**

2878 S.W. 13<sup>TH</sup> COURT  
FT. LAUDERDALE, FL. 33312

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10-07-05

Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Dissolution of COFFIN ENTERPRISES, INC.

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,

  
DONALD COFFIN

ARTICLES OF DISSOLUTION

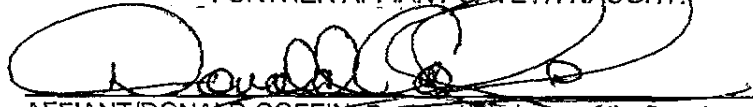
Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

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05 OCT 25 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- FIRST: The name of the corporation is COFFIN ENTERPRISES, INC. Corporate number: P97000025973
- SECOND: The articles of incorporation were filed on 03-24-97 .
- THIRD: The date dissolution was authorized was 10-07-05.
- FORTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- FIFTH: The corporation has no intention of revoking this voluntary dissolution and its name is available for immediate use by any other corporation.

Signed this 10-07-05.

FURTHER AFFIANT SAYETH NAUGHT.

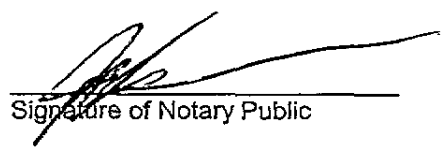
  
AFFIANT/DONALD COFFIN, President/Chairman of the Board

The foregoing instrument was acknowledged before me this 21<sup>st</sup> day of October, 2005, by DONALD COFFIN, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]: **DRIVERS LICENSE OF \_\_\_\_\_**

Witness my hand and seal at said county and state this 21<sup>st</sup> day of October, 2005

My commission expires

NOTARY PUBLIC-STATE OF FLORIDA  
**Jody Johnson**  
Commission # DD260491  
Expires: OCT. 21, 2007  
Bonded Thru Atlantic Bonding Co., Inc.

  
Signature of Notary Public  
Jody Johnson  
Printed Name