

Division of Corporations Public Access System

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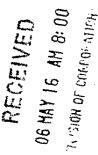
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## DISSOLUTION OR WITHDRAWAL

COMPUMART, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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## COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	ECT: Compumart Inc					
DOC	DOCUMENT NUMBER: P0400044687					
The enclosed Articles of Dissolution and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
<del></del>	(Name o	of Contact Person)				
Cor	npumart, Inc.					
		irm/Company)				
909	East Semoran Blvd					
	······································	(Address)				
Cas	selberry, FL 32707					
***************************************		itate and Zip Code)				
For fi	arther information concerning this n	natter, please call;				
Rac	hel Siu		<u>) 679-2433</u>			
,	(Name of Contact Person)	(Arca C	Code & Daytime Telephone Number)			
Enclo	sed is a check for the following am	ount:				
<b>⊠ \$</b> 3:	5 Filing Fee \$\bigcip\\$43.75 Filing Fee 8 Certificate of Status		Certificate of Status &			
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	*	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301			

## ARTICLES OF DISSOLUTION

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

FIRST;	· · · · · · · · · · · · · · · · · · ·				
	Compumart, enc.	<u> </u>			
SECOND:	ND: The document number of the corporation (if known): Po4000 4468				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable: (no there than 90 days after dissolu	tion file date)			
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 grout to vote separately on the plan to dissolve:				
	The number of votes cast for dissolution was sufficient for approval by				
	(voting group)				
Ś	Signature: Amit Mastonta.  (By a director, president or other officer - if directors or officers have not been selected, by				
	an incorporator - if in the bunds of a receiver, trustee, or other coun appointed fiduciary, that fiduciary)				
	Amit Maskara				
	(Typed or printed name of person signing)	- -, e			
	president	ALL STATES			
•	(Title of person signing)	影音			
	Filing Fee; \$35	AHASSEE, FLOR			
		Diri U			