

PO10000061388

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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01/25/08--01019--021 **52.50

UD/WITH NOTE

FILED
08 JAN 25 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JAN 30 2008

HAPSA, INC.
7782 SW 102 LANE
MIAMI, FL 33156

To: Amendment Section
Division of Corporations

Subject: Dissolution of Corporation

The enclosed Articles of Dissolution & Notice of Corporate Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Violeta Reeves
PO Box 580
Leicester NC 28748

For further information concerning this matter, please call:

Violeta Reeves at 828 515 0299

Enclosed please find check for the amount of 52.50 corresponding to the Filing Fee, Certificate of Status & Certified copy. (Additional copy is enclosed)

Signature



Violeta Reeves
President


ARTICLES OF DISSOLUTION

FILED
08 JAN 25 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

- 1st The name of the corporation as currently filed with the Florida Department of State is: HAPSA, INC.
- 2nd The document number of this corporation : P1000061388
- 3rd the file date of the articles of incorporation : 06/20/2001
- 4th None of the corporation's shares have been issued
- 5th No debt of the corporation remains unpaid
- 6th The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued
- 7th A majority of the incorporators authorized the dissolution

Signature



Violeta Reeves
President

Date

12/31/2007

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "**Notice of Corporate Dissolution**" is optional and is not required when filing a voluntary dissolution.

Name of Corporation : HAPSA, Inc.

Date of dissolution will be the date of dissolution is filed with the Department of State or as specified in the Articles of dissolution.

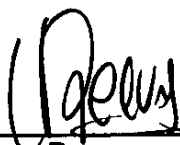
Description of information that must be included in a claim :

Claimant name, address and phone number
Copy of Invoice and/or proof of debt

Mailing address where claims can be sent :
P.O. Box 580
Leicester NC 28748

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Signature



Violeta Reeves
President