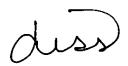
P06000072437

(Requestor's Name)
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PICK-UP WAIT MAIL
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10/2/08

COVER LETTER

FO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Dissolution of Corporation **SUBJECT:** P06000072437 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shalom Av. (Name of Contact Person) Snalon Tile Resturation Inc.
(Firm/Company) For further information concerning this matter, please call: Shalom Ar V
(Name of Contact Person) at (SU) 919-3357
(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF DISSOLUTION FILED

articles of d	issolution: SECRETARY OF STATE TALLAHASSEE.FLORIDE
FIRST:	The name of the corporation as currently filed with the Florida Department of State: Shalom Tile Restaution, Fig.
SECOND:	The document number of the corporation (if known) P0600072437
ΓHIRD:	The file date the articles of incorporation:
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	☐ A majority of the directors authorized the dissolution.
Sign	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	Sualow Avi
	(Typed or printed name of person signing)
	pres-dn.t
	(Title of Person Signing)

Filing Fee: \$35