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(Requestor's Name)

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(City/State/Zip/Phone #)

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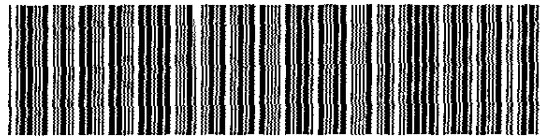
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR 31 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AP Pissal

LAW OFFICES
CARL G. SANTANGELO & ASSOCIATES
PROFESSIONAL ASSOCIATION

3000 NORTH FEDERAL HIGHWAY
BUILDING 2, SUITE 200
FORT LAUDERDALE, FLORIDA 33306

CARL G. SANTANGELO
MARK BONACQUISTI

TELEPHONE (954) 561-3040
FACSIMILE (954) 561-5470
E-MAIL carlsantangelo@aol.com

March 26, 2004

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

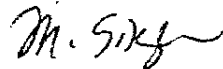
Re: Sorren of Florida, Inc.

Dear Sir or Madam:

Enclosed please find Articles of Dissolution of Sorren of Florida, Inc. for filing with your office, along with our check in the amount of \$35.00 representing the applicable filing fee. Kindly return a filed copy of the enclosed to the undersigned in the envelope provided for your convenience.

Thank you for your attention to this matter.

Very truly yours,




Martha Singer,
Secretary to Carl G. Santangelo

/ms
enc.

ARTICLES OF DISSOLUTION OF
SORREN OF FLORIDA, INC.

FILED
04 MAR 31 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is Sorren of Florida, Inc., a Florida corporation (the "Corporation").
2. All activities of the corporation shall be terminated effective December 31, 2003 and the corporation is dissolved as of such date.
3. The dissolution of the Corporation was approved on December 5, 2003 by the sole shareholder of the Corporation who owns 100% of the issued and outstanding shares of stock in the Corporation.

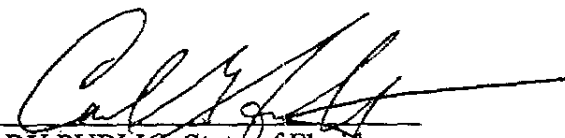


William P. Sorren, President,
Sole Director and Sole Shareholder

STATE OF FL
COUNTY OF Alachua

I HEREBY CERTIFY that on this 18th day of December, 2003, before me personally appeared William P. Sorren, the sole Officer and Director of Sorren of Florida, Inc., a Florida corporation, who produced personally from as identification, to me known to be the person(s) described in and who executed the foregoing document and acknowledged the execution thereof to be his free act and deed for the use and purpose herein mentioned therein, and he did/did not take an oath.

WITNESS my signature at Miami, in the County and State above stated, this 18th day of December, 2003.



NOTARY PUBLIC, State of Florida

MY COMMISSION EXPIRES:



Carl G. Santangelo
MY COMMISSION # DD061966 EXPIRES
November 9, 2005
BONDED THRU TROY FAIN INSURANCE, INC.