330893

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT . MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800188708428

12/16/10--01007--017 **35.00

SECRETARY OF STATE SECRETARIBATION OF THE PHILE 33

AND 15/10



10: Amendment section	
Division of Corporations	
SUBJECT: Dissolution of Corporation	
DOCUMENT NUMBER: 330893	
The enclosed Articles of Dissolution and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Elizabeth Calabrese	
(Name of Contact	Person)
Montessori Institute of Homestead, Fl	
(Firm/Comp	any)
420 Cherry Mountain Road (Address)	
Bostic, NC 28018 (City/State and 2	in Code)
(City/State and 2	
For further information concerning this matter, plea	ase call:
David Calabrese at	<u> </u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certi (Addi	75 Filing Fee & \$\int \\$\$52.50 Filing Fee, fied Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Montessori Institute of Homestead, Florida, Inc		
SECOND:	The document number of the corporation (if known): 330893		
THIRD:	The file date of the articles of incorporation: 06/04/1968		
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: La		
	Elizabeth Calabrese		
	(Typed or printed name of person signing)		
	President		
	(Title of Person Signing)		

Filing Fee: \$35