

454676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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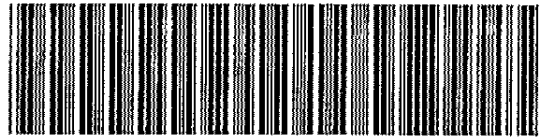
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

dis.  
C. Coulliette MAY 04 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Colonial Products, Inc.

**DOCUMENT NUMBER:** 454676

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CONNIE L. HOLSAPPLE  
(Name of Person)

Colonial Products, Inc.  
(Name of Firm/Company)

6113 POND TREE CT.  
(Address)

GREENACRES, FL 33463-3040  
(City/State/and Zip Code)

For further information concerning this matter, please call:

CONNIE L. HOLSAPPLE at (561) 967-7937  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

COLONIAL PRODUCTS, INC.

SECOND: The document number of the corporation (if known): 454676

THIRD: The date dissolution was authorized: MARCH 1, 2002

Effective date of dissolution if applicable:  
(no more than 90 days after dissolution 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 group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

N/A  
(voting group)

Signed this 20<sup>th</sup> day of April, 2005.

Signature: Connie L. Holsapple  
(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)

CONNIE L. HOLSAPPLE  
(Typed or printed name of person signing)

Corporate Secretary  
(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35