

626599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

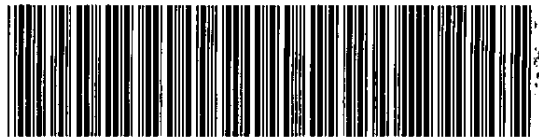
(Document Number)

Certified Copies _____ Certificates of Status _____

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08/21/09--01013--001 **35.00

D.SS/w/NOTES
JG

2009 AUG 21 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SANFORD N. REINHARD, P.A.

ATTORNEY AT LAW

1290 WESTON ROAD

SUITE 201

WESTON, FLORIDA 33326

sanrein@bellsouth.net

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(954) 389-8777

August 19, 2009

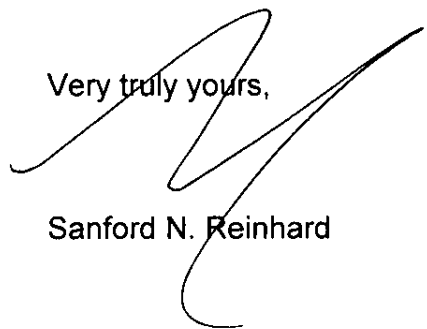
Department of State - Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Repaze Management Inc.

Gentlemen:

Enclosed are please find the Notice of Corporate Dissolution, Articles of Dissolution and check in the amount of \$35.00 payable to the Florida Department of State for your dissolution fee.

Very truly yours,



Sanford N. Reinhard

SNR/sg

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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:

REPAZE MANAGEMENT, INC.

SECOND: The document number of the corporation (if known): 626599

THIRD: The date dissolution was authorized: 8-17-2009

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 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

(voting group)

Signature: _____

(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)

BARRY DAVID GOLDLIST

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 21 PM 2:04

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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: REPAZE MANAGEMENT, INC.

Date of dissolution will be the date the 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:

Furnish a detailed statement of the claim together with and written
documents that support or form basis of the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Sanford N. Reinhard, Esq.

1290 Weston Road, Suite 201

Weston, FL 33326

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.

BARRY DAVID GOLDLIST

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00