F00000002538

(Requestor's Name)	_
(Address)	-
(Address)	_
(1.001000)	
	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
(Social Managery	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	٦
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Office Use Only



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DEFENDENCE STATE

ON THE PROPERTY OF STATE

OF THE PR

C. Coulliste JUN 0 3 2004

CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 22Z-1173

FILING COVER SHEET ACCT. #FCA-14

() ARTICLES OF INCORPORATION

Examiner's Initials



() ARTICLES OF DISSOLUTION

CONTACT:

CINDY

DATE:

4-20-04

REF. #:

0672.26374

CORP. NAME: NATIONAL OAK DISTRIBUTORS, INC.

() ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME				
() FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY				
() REINSTATEMENT	() MERGER	(XX) WITHDRAWAL				
() CERTIFICATE OF CANCELLATION	•					
()OTHER:						
STATE FEES PREPAID WITH CHECK# 508306 FOR \$ 35,00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:						
COST LIMIT: \$						
PLEASE RETURN:						
() CERTIFIED COPY () C	ERTIFICATE OF GOOD STANDING	G (XX) PLAIN STAMPED COPY				
() CERTIFICATE OF STATUS						

() ARTICLES OF AMENDMENT

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	National Oak Dis	stributors, Inc.		
		(Name of Corporation)		
	F00000002538			
	(Docume	nt Number of Corporation	(if known)	
	California	Incorporated Under Laws	-5	
	(Incorporated Onder Laws	01)	
	s no longer transacting be ders its authority to transa			Florida and hereby
appoints the Depa	revokes the authority of rtment of State as its agen ized to transact business of	nt for service of process	based on a cause of action	e on its behalf and on arising during the
The following is a	current mailing address t	for the corporation:		
	6529 Southern B			200 TALI
		(Mailing Address)		F AHAS
	West Palm Beach	=		FILED N-2 PI
TT	4	(City/ State /Zip)	una a Camu ahanga in ita m	M 4:5
The corporation a	grees to notify the Depart	ment of State in the fut		
Signature of receiver or of	a director, president or other office her court appointed fiduciary, by	er - if in the hands of a that fiduciary)	4/26/03	<u>Y</u>
	1,	••		
Zachav (Typed o	ryrinted name offperson signing)	· · · · · · · · · · · · · · · · · · ·	C)=0 (Title of person s	signing)

FILING FEE \$35