

FD1000005989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN 10 PM 12:57

Withdrawal  
CUS  
10 1/11/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLY ON INC

(Name of Corporation)

**DOCUMENT NUMBER:** F01000005989

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOUNG SIM

(Name of Person)

C/O HABER CORP

(Firm/Company)

16830 VENTURA BL #501

(Address)

ENCINO, CA 91436

(City/State and Zip code)

For further information concerning this matter, please call:

YOUNG SIM

(Name of Person)

at ( 818 ) 783-9200

(Area Code & Daytime Telephone Number)

**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

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

FLY ON, INC.

(Name of Corporation)

F01000005989

(Document Number of Corporation (if known))

NEVADA

(Incorporated Under Laws of)

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DIVISION OF CORPORATIONS  
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This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

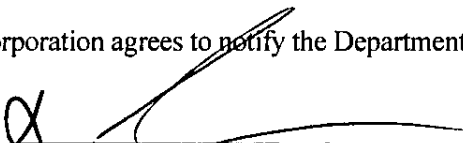
C/O HABER CORP., 16830 VENTURA BL #501

(Mailing Address)

ENCINO, CA 91436

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

1 / 5 /2011

(Date)

GARY HABER CPA

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

**FILING FEE \$35**