F030002692

(Re	equestor's Name)		
(Address)			
(Ac	ldress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2006

DR BERYL BRUBAKER, PROVOST EASTERN MENNONITE UNIVERSITY 1200 PARK RD HARRISONBERG, VA 22802-2462

SUBJECT: EASTERN MENNONITE UNIVERSITY, INC.

Ref. Number: F03000002692

We have received your document for EASTERN MENNONITE UNIVERSITY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

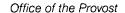
Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Letter Number: 606A00055235

Pamela Smith Document Specialist





September 21, 2006

Pamela Smith
Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



Dear Ms. Smith:

Enclosed is the withdrawal application we are filing to terminate Eastern Mennonite University's masters in education program in Florida (document number F03000002692). Thank you for the opportunity to provide an educational program in Sarasota. Since our work there is finished, we are withdrawing from Florida.

Sincerely,

Beryl H. Brubaker

Provost

CC: Loren Swartzendruber, President

Don Steiner, Director of Teacher Education

Phone: (540) 432-4105 Fax: (540) 432-4444

COVER LETTER

OBJECT: _	Eastern Mennonite University (Name of Corporation)	
	(Name of Corporation)	
OCUMENT	NUMBER: F0300002692	
he enclosed v	withdrawal application and fee are submitted for filing.	
lease return a atter to the fo	Il correspondence concerning this • • • • • • • • • • • • • • • • • • •	
:	Beryl H. Brubaker	;
	(Name of Person)	
	Eastern Mennonite University	
	(Firm/Company)	
	1200 Park Road	
	(Address)	· .
	Harrisonburg, VA 22802	. •
	(City/State and Zip code)	
or further info	ormation concerning this matter, please call:	
Beryl H.	Brubaker at (540) 432-4000	
· · · · · · · · · · · · · · · · · · ·	(Name of Person) (Area Code & Daytime	Telenhone Numbe

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 FEORIDA

Eastern Mennonite University, Inc.	ません。
(Name of Corporation	
•	
F03000002692	
(Document Number of Corporatio	n (if known)
	300
	*
State of Virginia	
(Incorporated Under Law	s of)
	, ·
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	
voluntarity surrenders its authority to transact ousiness of conduct	arians in Florida.
This corporation revokes the authority of its registered agent is	n Florida to accent service on its behalf and
appoints the Department of State as its agent for service of process	
ime it was authorized to transact business or conduct affairs in Fl	orida.
The following is a current mailing address for the corporation:	
1200 Park Rd	
(Mailing Address)	
(Mulling Mullous)	
Harrisonburg, VA 22802	
(City/ State /Zip)	
(City State (Zip)	
•	
The corporation agrees to notify the Department of State in the fur	ture of any change in its mailing address.
A. 11 -6 11.	September 21, 2006
Jery N. Thurane	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
,	•
Beryl H. Brubaker	Provost
(Typed or printed name of person signing)	(Title of person signing)
	,

FILING FEE \$35