F0900003337

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Midharawal Cuis a 10/19/11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DR. GOLD BUYER INC. (Name of Corporation)
DOCUMENT NUMBER: F09000003337
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AMIT VERMA
(Name of Person)
DR. GOLD BUYER JN C.
(Firm/Company)
784 WILLARD ST
(Address)
N. BELLMORE, NY 11710
(City/State and Zip code)
For further information concerning this matter, please call:
AMIT VERMA at (516) 417 0455
(Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2011

AMIT VERMA DR. GOLD BUYER INC. 784 WILLARD ST. N. BELLMORE, NY 11710

SUBJECT: DR. GOLD BUYER INC.

Ref. Number: F09000003337

We have received your document for DR. GOLD BUYER 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):

The document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 311A00022660



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

DR. GOLD BUYER JNC. (Name of Corporation)	
CDocument Number of Corporation (if known)	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida are voluntarily surrenders its authority to transact business or conduct affairs in Florida.	ıd hereby
This corporation revokes the authority of its registered agent in Florida to accept service on its be appoints the Department of State as its agent for service of process based on a cause of action arising of time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	ORE T
10W CHERRY STREET (Mailing Address)	ILED RY OF STA CORPORA
HICKSVILLE NY 11801 (City/State/Zip)	LIONS LE
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)	ess.
Typed or printed name of person signing) PRESIDENT (Title of person signing)	<u>r</u>

FILING FEE \$35