Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000175255 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INDEPENDENT TAX SERVICE

Account Number : 120020000072

Phono

; (305)887-0001

Fax Number

: (305)884-6444

REVOCATION OF DISSOLUTION

ALL TOUR TRAVEL AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

07/17/08

https://efile.sunbiz.org/scripts/efileovr.exe

850-617-6381



July 18, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ALL TOUR TRAVEL AGENCY, INC. 25 S.E. 2ND AVENUE STE.450 MIAMI, FL 33131

SUBJECT: ALL TOUR TRAVEL AGENCY, INC.

REF: F46524

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6916.

Carol Mustain Regulatorý Specialist II FAX Aud. #: 808000175255 Letter Number: 308A00042090

HEOEPVER 2000 JUL 22 AM 8: 00 SECRETARY OF STATE ATILAHASSEEFLORIGA

P.O BOX 6327 - Taliahasacc, Florida 32314

COVER LETTER

Division of Corporations	•
Division of Corporations	·
SUBJECT: ALL TOUR TRAVEL	AGENCY, INC.
DOCUMENT NUMBER: F46524	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
:	:
	Z, JOSE LUIS
. (Name of	(Contact Person)
	AVEL AGENCY, INC.
(Fi _r	rin/Company)
25 S.E. 2ND A	VENUE SUITE # 450
1 (4	Address)
MIAN	11, FL. 33131
(City/St	ate and Zip Code)
For further information concerning this ma	atter, please call:
MENDEZ, JOSE LUIS	at (305) 358-6069
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
✓\$35 Filing Fec \$43.75 Filing Fec & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
The second secon	Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401. 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:
	ALL TOUR TRAVEL AGENCY, INC.
SECOND:	The document number of the corporation (if known): F46524
THIRD:	The file date of the articles of incorporation: 09/29/1981
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH;	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: (By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hunds of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	MENDEZ, JOSE LUIS
	(Typed or printed name of person signing)
	PRESIDENT (Title of Person Signing)

Filing Fee: \$35