

F52373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600200637766

04/11/11--01010--030 \*\*35.00

*Exempt date  
4-30-11*

*UD/STW*

FILED  
11 APR 11 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of MARTIN H. SHANK DAMPA

**DOCUMENT NUMBER:** F52373

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr MARTIN SHANK

(Name of Contact Person)

MARTIN H. SHANK DAMPA

(Firm/Company)

110035 SW 1<sup>st</sup> CT

(Address)

GOLF SPRINGS FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr MARTIN SHANK

(Name of Contact Person)

at ( 561 ) 542-4100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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

Effect det  
4-30-71

**FIRST:**        The name of the corporation as currently filed with the Florida Department of State:

SECOND: The document number of the corporation (if known): F.523.73

THIRD: The date dissolution was authorized: 3/30/2011

Effective date of dissolution if applicable: 4/30/2011  
(no more than 90 days after dissolution file date)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

**Signature:**

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

MARTIN SHANK DPM

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: MARTIN H. SHAWK DAY

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

ANY, INVOICES or complete Description of claim owed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MARTIN SHAWK DAY  
10035 SW 1<sup>ST</sup> CT  
Coral Springs FL 33071  
\_\_\_\_\_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MARTIN SHAWK DAY [Signature]  
Printed Name of the Person Filing Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**