| (Re                     | equestor's Name)   |           |  |  |  |
|-------------------------|--------------------|-----------|--|--|--|
| (Ad                     | ldress)            |           |  |  |  |
| (Ad                     | ldress)            |           |  |  |  |
| (Cir                    | ty/State/Zip/Phone | #)        |  |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL      |  |  |  |
| (Bu                     | siness Entity Nam  | е)        |  |  |  |
| (Document Number)       |                    |           |  |  |  |
| Certified Copies        | _ Certificates     | of Status |  |  |  |
| Special Instructions to | Filing Officer:    |           |  |  |  |
|                         |                    |           |  |  |  |
|                         |                    |           |  |  |  |
|                         |                    |           |  |  |  |
|                         |                    |           |  |  |  |

Office Use Only



900162683789

11/19/09--01022--003 \*\*43.75



## **COVER LETTER**

TO: Amendment Section

| Division of Corporations   |   |
|--|---|
| SUBJECT: Antiles   | of Divolution   |
| DOCUMENT NUMBER:   |   |
| The enclosed Articles of Dissolution and f   | fee are submitted for filing.   |
| Please return all correspondence concerning  | g this matter to the following:   |
|  | ROSENTHAL   |
| (Name of   | Contact Person)   |
| CER-   | Mr, D.c   |
| The second secon | m/Company)  |
| 2660 Hol   | /woon Bhd dress)  |
| (A   | ddress)   |
| 1to 1/2 wo   | 100, FC 33020   |
|  | ite and Zip Code)   |
| For further information concerning this ma   | tter, please call:  |
| (Name of Contact Person)   | at (954) 927-4500<br>(Area Code & Daytime Telephone Number)   |
|  |   |
| Enclosed is a check for the following amou   | int:  |
| 35 Filing Fee \$\frac{35}{2}\$43.75 Filing Fee & Certificate of Status   | Status & Certified Copy (Additional copy is enclosed)  \$\int \frac{43.75 \text{ Filing Fee}}{\text{Certificate of Status & Certified Copy}} \text{(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  |

## ARTICLES OF DISSOLUTION

Og NOV 19 PM 3: 0-

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:   |  |  |  |
|---|--|--|--|--|
|   | Dynamic Contracting Co. INC.   |  |  |  |
| SECOND:                                   | The document number of the corporation (if known): F83729  |  |  |  |
| THIRD:                                    | The file date of the articles of incorporation: $\frac{6/3/1982}{}$  |  |  |  |
| 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.  |  |  |  |
|   | <b>,</b>   |  |  |  |
| Sign                                      | ature:  (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.) |  |  |  |
|   | Luis Conter  |  |  |  |
| (Typed or printed name of person signing) |  |  |  |  |
|   | (Title of Person Signing)  |  |  |  |
|   | (Title of retsoit Signify)   |  |  |  |

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 Corpor                                    | <i>ate Dissolution</i> " is o | ptional and is not req   | uired wh   | en filing a voluntary disso  | olution.       |
|---|-------------------------------|--------------------------|------------|------------------------------|----------------|
| Name of Corporation:_                                     | DYN Amic                      | Contracting              | Co.        | Inc.                         |                |
| Date of dissolution will specified in the <i>Articles</i> |                               | olution is filed with th | e Depart   | ment of State or as          |                |
| Description of informat                                   | ion that must be incl         | uded in a claim:         |            |                              |                |
|   | No                            | ClAshi Ka                | V OWN      |                              |                |
|   |                               |                          |            |                              |                |
|   |                               |                          |            |                              |                |
|   |                               |                          | _          |                              |                |
| Mailing address where                                     | •                             |                          |            | Division of Corporations)    |                |
|   | 2660 H                        | ollywood Blad            | 2          |                              |                |
|   | 1401/2 w                      | oup , FL 330             | 20         |                              |                |
|   |                               | <del></del>              |            |                              |                |
| A claim against the abo within 4 years after the          |                               | n will be barred unles   | ss a proce | eeding to enforce the clair  | n is commenced |
| Lvis  | Contez                        |                          | <u> </u>   | Auis & B                     | orbez          |
| Printe  | d Name of the Person Fil      | ing                      |            | Signature of the Person Fili | ing            |