

F93860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

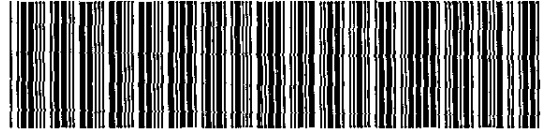
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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*also with  
notice*

03/29/05--01001--004 \*\*35.00

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05 MAR 28 PM 2:35  
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FILED  
05 MAR 28 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AJR  
3 b9100*

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

X.N.H.X., Inc.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment                         | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                     |  |   |
| <input type="checkbox"/> Limited Liability Company     |  |   |
| <input type="checkbox"/> Foreign                       | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report                     | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Reservation                       | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Limited Liability Partnership |  | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photo Copies                      | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem                   | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait                         | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                      |  |   |

Name
Availability
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Examiner
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3/28/05

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THANKS  
CONNIE BRYAN

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Articles of Dissolution:

FILED  
05 MAR 28 2005  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

X.N.H.X., INC.

SECOND: The document number of the corporation (if known): F93860

THIRD: The file date of the articles of incorporation: 8/9/1982

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.

Signed this 31 day of December, 2004.

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.)

Howard Herrick

(Typed or printed name of person signing)

Vice 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: X.N.H.X., INC.

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:

NO LONGER DOING BUSINESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

The Herrick Company Inc.

2 Ridgedale Avenue, Ste. 370

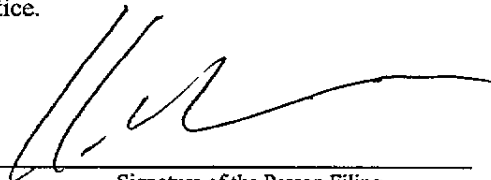
Cedar Knolls, NJ 07927

\_\_\_\_\_

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.

Howard Herrick

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