F9600006812

_	(Requestor's Name)	
	(Address)	
_	(Address)	
	(City/State/Zip/Phone #)	
	PICK-UP WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certi	Copies Certificates of Status	
Spi	Instructions to Filing Officer:	

Office Use Only



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परिवाल गान-गामिता --मिन् । **३३**००, हिन्

LEGIARY OF STATE

30/8/2

TRANSMITTAL LETTER

TC	Amendment Section Division of Corporations			
SU	ECT: KRATON GALLERY USA INC			
(Name of corporation)				
DC	JMENT NUMBER: F96000006812			
Th	nclosed withdrawal application and fee are submitted for filing.			
Ple m:	return all correspondence concerning this to the following:			
	PETER LEWIS TASHMAN CPA (Name of Person)			
	PETER LEWIS TASHMAN CPA (Firm/Company)			
	370 MIDDLETOWN TOWN BLVD, STE 501, (Address)			
	LANGHORNE, PA 19047 (City/State and Zip code)			
F 1	further information concerning this matter, please call:			
_ [(Name of Person) at 215-741-0800 (Area Code & Daytime Telephone Number)			
	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399 MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314			

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

KRATON GALLERY USA., INC.	
(Name of Corporation	on)
F96000006812	
(Document Number of Corporati	on (if known)
PENSYLVANIA	-
(Incorporated Under Lav	ws of) 04 08
corporation is no longer transacting business or conductin	g affairs within the State of Havida and were
ntarily surrenders its authority to transact business or condu	
corporation revokes the authority of its registered agent	<u> </u>
ints the Department of State as its agent for service of proce	ess based on a cause of action arisine during t
it was authorized to transact business or conduct affairs in l	
following is a current mailing address for the corporation:	
27/29 VAN WYK FRANSCHHOEK 7690	
(Mailing Address)	
WESTERN CARE SOUTH AFRICA	
WESTERN CAPE, SOUTH AFRICA (City/ State /Zip)	
(City/ State/Zip)	
orporation agrees to notify the Department of State in the f	uture of any change in its mailing address.
() Mode >	11 22 04
U. PORLEOP	11. 46. 04.
(Signature of a director, president or other officer - if in the hands of a	(Date)
receiver or other court appointed fiduciary, by that fiduciary)	(~ ****)
QUELINE MACLEOD	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35

STF 30F.1