F99000001250

| (Requestor's Name) | | | |
|---|--|--|--|
| | | | |
| (Address) | | | |
| | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certificates of Status | | | |
| | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORID.

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Withdr.

6. Coulliene FEB 0 2 2006



| BERPORATION SERVICE COMPANY. | | | |
|------------------------------|---|--|--|
| 7 " | ACCOUNT NO. : 072100000032 | | |
| — | REFERENCE : \$2035 5030276 | | |
| -: -: | AUTHORIZATION Spulbolena | | |
| | COST LIMIT : \$ 35.00 | | |
| • | ODDED DATE . Tonuary 10 2006 | | |
| | ORDER DATE: January 19, 2006 | | |
| | ORDER TIME : 2:07 PM | | |
| • | ORDER NO. : 820356-010 _ | | |
| - | CUSTOMER NO: 5030276 | | |
| | | | |
| ₹ | FOREIGN FILINGS | | |
| | | | |
| | NAME: FLAIRE INCORPORATED | | |
| | | | |
| | XX CORPORATE | | |
| | LIMITED PARTNERSHIP | | |
| - · · · · · | LIMITED LIABILITY COMPANY | | |
| • | XXXX WITHDRAWAL/CANCELLATION | | |
| | | | |
| = | PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | |

CONTACT PERSON: Darlene Ward - EXT# 2935

CERTIFIED COPY
XX - PLAIN STAMPED COPY _____ CERTIFICATE OF STATUS

EXAMINER:

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

| | FLAIRE INCORPORATED dba FLAIRE, INC. OF MISSOU | |
|---|--|---|
| - | (Name of Corporatio | DOG FEB |
| | F99000001250 | FIL TARE IASSE |
| | (Document Number of Corporation | on (if known) |
| | Missouri | 3: 4: ORID |
| | (Incorporated Under Lav | ~ ~ |
| appoints time it v | rporation revokes the authority of its registered agent is the Department of State as its agent for service of processas authorized to transact business or conduct affairs in I owing is a current mailing address for the corporation: | ess based on a cause of action arising during the |
| | 800 Douglas Road, 12th Floor | |
| - | (Mailing Address) | |
| · <u>· </u> | Coral Gables, Florida 33134 (City/ State /Zip) | |
| . The cor | poration agrees to notify the Department of State in the f | uture of any change in its mailing address. |
| - 1 | (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | (Date) |
| - | ALBERTO DE CARDENAS | Executive Vice President |
| | (Typed or printed name of person signing) | (Title of person signing) |