H 70347

(Requestor's Name)		
— DONALD D. WILSON JR., P.A. CERTIFIED PUBLIC ACCOUNTANT SUITE 700, DADELAND TOWERS 9500 SOUTH DADELAND BOULEVARD MIAMI, FLORIDA 93156		
(City/State/Zip/Phone #)		
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(Document Number)		
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SECRETARY OF STATE
TALLAHASSEE FILO

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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 Creative Insurance Planning, Inc.	of State:	., , , , ,	
SECOND:	The document number of the corporation (if known): H70347			
THIRD:	The date dissolution was authorized: 6/01/2005			
	Effective date of dissolution if applicable: 6/30/2005 (no more than 90 days after dissolution	n file date)		
	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes case was sufficient for approval.	t for diss	olution	
	Dissolution was approved by of the shareholders through voting groups.	, `		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entilled AHCRE	05 AU6	
	The number of votes cast for dissolution was sufficient for approval by	TARY OF S	6 15 PM	
	(voting group)		F (
	Signed this 1 day of June , 2005 .	Şri	20	
	Signature: (By a director, president or other other of 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)			
	Joe Diglio			
	(Typed or printed name of person signing)			
	President and Sole Shareholder			
	(Title of derena 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 "Natice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:	Creative Insurance Planning, Inc.
Date of dissolution wi specified in the Article	Il be the date the dissolution is filed with the Department of State or as es of Dissolution.
Description of inform	ation that must be included in a claim:
- Copies	of invoices and proof of delivery of products and services
- Signed	Workpapers
Mailing address where	colaims can be sent: (Claims cannot be sent to the Division of Corporations) Donald D. Wilson Jr., CPA
	9500 S. Dadeland Blvd., Ste. 700
	Miami, FL 33156
A claim against the ab within 4 years after the	ove named corporation will be barred unless a proceeding to enforce the claim is commenced effling of this notice.
Joe Diglio	, President
Print	ed Name of the Person Filing Signature of the Person Filing

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