K26121

| (Requestor's Name) | | |
|---|-------------------|-----------------|
| (Ad | ldress) | |
| | | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | = #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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DIVISION OF CERPORATIONS
06 FEB -9 PH 3:50

Volum-Piss. W/Notice 02/16/06

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations SUBJECT: Filing Formal Dissolution for Rema Designs, Inc. DOCUMENT NUMBER: K26121 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Juan Carlos Blanco (Name of Contact Person) Rema Designs, Inc. (Firm/Company) 2299 NW 25th Avenue (Address) Miami, FL 33142-7122 (City/State and Zip Code) For further information concerning this matter, please call: Juan Carlos Blanco at (786 547-5536 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☑\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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 of | of State | 3: |
| | Rema Designs, Inc. | | |
| SECOND: | The document number of the corporation (if known): K26121 | | |
| THIRD: | The date dissolution was authorized: 02/01/2006 | | |
| | Effective date of dissolution if applicable: 02/15/2006 (no more than 90 days after dissolution) | file dat | e) |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | 060 | |
| | Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval. | for dis | ssolution |
| | 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: | entitled | d |
| | The number of votes cast for dissolution was sufficient for approval by | | |
| * | Signature: (By a director, president orbiter officer if directors or officers have not been selected, by an incorporator - it in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Juan Carlos Blanco (Typed or printed name of person signing) | 86 FEB -9 PM 3:50 | SECRETARY OF STATE DIVISION OF CORPORATIONS |
| | President/Owner | | |
| | (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: | Rema Designs, Inc. |
|--|--|
| Date of dissolution will be the specified in the Articles of Dis | date the dissolution is filed with the Department of State or as assolution. |
| Description of information tha | at must be included in a claim: |
| Allow 8-12 weeks to p | process any claim. Please provide the following: |
| 1. Copies of Original 0 | Contract(s), Invoice(s), Notice(s), Bill of Sale(s) or something that |
| will verify your Clai | m. Please include Account Number(s), Amount(s), Calculation(s).* |
| 2. You must provide a | Name, Address, Telephone Number and Contact Person for Claim. |
| NOTE: Failure to provid | le ALL information requested may result in the denial of your claim. |
| Mailing address where claims | can be sent: (Claims cannot be sent to the Division of Corporations) |
| Rema Des | igns, Inc. |
| Attn: Claim | ns Administration |
| 2299 NW | 25th Avenue |
| Miami, FL | . 33142-7122 |
| | |

Juan Carlos Blanco

within 4 years after the filing of this notice.

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

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced