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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of	of Lewis Towers, Inc.		
DOCUMENT NUMB	ER:		
The enclosed Articles	of Dissolution and fo	ee are submitted for filing	ļ.
Please return all corresp	ondence concerning	g this matter to the follow	ing:
Lewis M. Heaster			
	(Name of	Contact Person)	·
Heaster Family Properties			
	(Firm	n/Company)	
195 Coquina Court			
	(Ac	ddress)	
Ormond Beach, FL. 32176			
	(City/Sta	te and Zip Code)	
For further information	concerning this mat	ter, please call:	
Lewis M. Heaster		at (
(Name of Co	ntact Person)		(Daytime Telephone Number)
Enclosed is a check for	the following amou	nt:	
■ \$35 Filing Fee □ \$ Ce	43.75 Filing Fee & entificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 State: Lewis Towers, Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 12/31/2023
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	20
	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
	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)
	Lewis M. Heaster
	(Typed or printed name of person signing)
	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:	
The above named corporation is the subject of dissolution and the effective date of a dissolution is: $\frac{127}{2}$	31/2023
(date filed with the Dept. if date specified in the Articles of Dissolution)	
Description of information that must be included in a claim:	
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	-
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporation Heaster Family Properties	ons)
195 Coquina Court	
Ormond Beach, Fl. 32176	
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.	
1/1/	
Lewis M. Heaster 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