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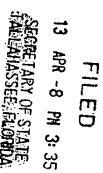




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COVER LETTER

Division of Corporations		
SUBJECT: Dissolution		_
DOCUMENT NUMBER: NO3000007	7474	
The enclosed Articles of Dissolution and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Karena Maultsby		
(Name of Co	ntact Person)	
Shalom-Center for Peace at	nd Restoration I	nc
(Firm/Co	ompany)	•
PO Box 1250	•	
(Addr	ess)	
Lakeland, FL 33802		
(City/State an	d Zip Code)	·
For further information concerning this matter, p	olease call:	
·	at (863 73889	061
(Name of Contact Person)	(Area Code & Daytime	
Enclosed is a check for the following amount:		
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ Certificate of Status	Certified Copy (Additional copy is	
NEATT THE AMERICA		

MAILING ADDRESS:

TO: Amendment Section

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

	Shalom Center for Peace and Rest	toration Inc.			
SECOND:	The document number of the corporation (if known): N0300007474				
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)	SEGRE ALLEAN			
	SECTION I If the corporation has members entitled to vote:	ILED -8 PM -8 PM SSEE, FL			
	(CHECK/COMPLETE ONE)	35 35			
	The date of the meeting of members at which the resolution to dissolve was adopted March 7, 2013 The number of votes cast by members was sufficient for approval.				
	☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.				
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:				
	The corporation has no members or members entitled to vote on the dissolution.				
	The date of adoption of the resolution by the board of directors was				
	The number of directors in office was and the vote for resolution was				
	for and against. (Must be a majority vote)				

FOURTH: Effective date of dissolution if applicable:

March 31, 2013

(no more than 90 days after dissolution file date)

Signature

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Altavise Henry

(Typed or printed name of the person signing)

President

(Title of person signing)

FILING FEE: \$35

ARTICLES OF DISSOLUTION

Pursuant to s Articles of I	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:		
FIRST:The i	name of the corporation as currently filed with the Florida Department of State: Shalom Center for Peace and Restoration Inc.		
SECOND:	The document number of the corporation (if known): N0300007474		
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)		
	SECTION I If the corporation has members entitled to vote:		
	(CHECK/COMPLETE ONE)		
	The date of the meeting of members at which the resolution to dissolve was adopted. March 7, 2013 The number of the meeting of members at which the resolution to dissolve was adopted. The number of the meeting of members at which the resolution to dissolve was adopted.		
	The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.		
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:		
	The corporation has no members or members entitled to vote on the dissolution.		
	The date of adoption of the resolution by the board of directors was		
	The number of directors in office was and the vote for resolution was		
	for and against. (Must be a majority vote)		

FOURTH:

Effective date of dissolution if applicable:

March 31, 2013

(no more than 90 days after dissolution file date)

Signature

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Altavise Henry

(Typed or printed name of the person signing)

President

(Title of person signing)

FILING FEE: \$35