NO 300000 8732

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Littly Warne)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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C. Couttons NOV 1 12 2007

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Clean Cut Studios Inc.
DOCUMENT NUMBER: NO300008732
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Franklin D Wilson (Name of Contact Person)
Clear Cut Studios Inc (Firm/Company)
15973 Lemack Rd (Address)
Dade City fl 33523 (City/State and Zip Code)
For further information concerning this matter, please call:
Clean Cut Studio S INC at (352) 467 0715 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Set Status Serificate of Status Seri
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2007

FRANKLIN D. WILSON CLEAN CUT STUDIO'S INC. 15973 LEMARK RD DADE CITY, FL 33523

SUBJECT: CLEAN CUT STUDIO'S INC.

Ref. Number: N03000008732

We have received your document for CLEAN CUT STUDIO'S INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have sent a revocation of dissolution form to our office for filing and your corporation is not dissolved. If you are trying to dissolve this corporation. Please complete the enclosed form and submit with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 407A00064146

RECEIVED

ON NOVELS AM 8: 00

SECRETARY OF STATE

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Desolve Conponation				
DOCUMENT NUMBER: NO 3 000 00 87 37				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Franklin D Wilson				
Franklin D Wilson (Name of Contact Person) Clear Cut Studios Inc (Firm/Company)				
15973 Lemack Rd (Address)				
Dale City fl 33523 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Frank Uilson at (352) 467 07 15 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
S35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State Clear Cut Studio's Inc	a ·
SECOND:	The document number of the corporation (if known): NO300000 8732	
THIRD:	The file date of the articles of incorporation:	. 0
FOURTH	The corporation has not commenced to conduct its affairs.	
FIFTH:	No debts of the corporation remains unpaid.	
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	
	The dissolution was authorized by a majority of the directors: OR	FILEU OT NOV 13 AM 8: 15 SECRETARY OF STATE TALLAHASSEE, FLORIT
	☐ The dissolution was authorized by an incorporator.	FILEU TARY O
	☐ The dissolution was authorized by a majority of the incorporators.	FILEU FILEU SECRETARY OF STATE ALLAHASSEE, FLORIDA
Sign	ature: I have the chairman or vice chairman of the board, president or other officer- if directors have not selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fidu that fiduciary)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	

Filing Fee: \$35