

No5000000597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

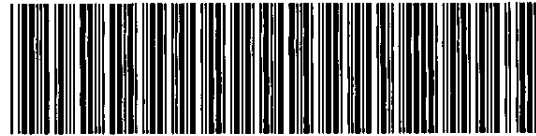
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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900112886119

*dis. 03*

12/19/07--01004--002 \*\*35.00

*inactive corp*

2007 DEC 18 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2007 DEC 18 PM 3:57  
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2007 DEC 18 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, 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:

PALM BEACH HIGH PERFORMANCE INC

SECOND: The document number of the corporation (if known): N05000000597

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

\_\_\_\_\_. The number of votes cast by the 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 08/20/2007.

The number of directors in office was One and the vote for resolution was

One for and Zero against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: \_\_\_\_\_  
(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.)

**CHRISTOPER ROMINE**

(Typed or printed name of the person signing)

**Director**

(Title of person signing)

**FILING FEE: \$35**