

ND60000008198

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(City/State/Zip/Phone #)

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VD

CLERK OF STATE
TALLAHASSEE, FLORIDA

10 APR - 5 PM 3:20

FILED

Roberts APR 06/2010

**Community Development
Imagination Station, Inc**

11282 Lakeview Dr
Coral Springs, FL 33071
(954) 917-5754

March 30, 2010

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

Re: Waiver

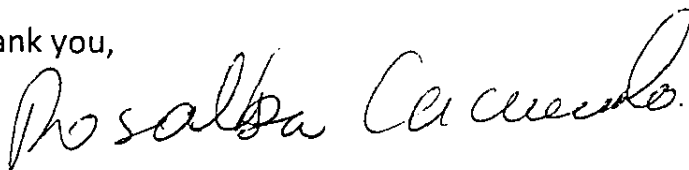
Dear Sirs,

As per your instructions please accept the following as a Waiver and/or confirmation of no intention of revoking the dissolution of my Non-profit Corporation registered as Community Development Imagination Station, Inc with Document #N06000008198 as I am submitting a new filing for a Profit Corporation with the same name.

I am dissolving the Non-profit in order to replace it with the Profit Corporation. Articles of such corporation and fees are enclosed. My goal is to have the same EIN that was under the Non-profit 20-5827554, added to the Articles of the Profit Corporation.

Please feel free to contact me if more information is needed. My cellular phone number is 954-214-9752 or you may contact my Accountant Office 954-724-4141.

Thank you,



Rosalba Cacucciolo
President

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMUNITY DEVELOPMENT IMAGINATION STATION, INC

DOCUMENT NUMBER: N06000008198

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia Carrero

(Name of Contact Person)

CBS Financial Accounting, LLC

(Firm/Company)

6209 W Commercial Blvd #7

(Address)

Tamarac, FL 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia at (954) 724-4141

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED
10 APR -5 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
COMMUNITY DEVELOPMENT IMAGINATION STATION, INC ,

SECOND: The document number of the corporation (if known): N06000008198

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 30, 2010. 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 _____.

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 30, 2010
(no more than 90 days after dissolution file date)

Signature Rosalba Cacucciolo
(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.)

Rosalba Cacucciolo
(Typed or printed name of the person signing)

President
(Title of person signing)

FILING FEE: \$35