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3 ÷.,--COVER LETTER **TO:** Amendment Section **Division of Corporations** SUBJECT: ARTICLES OF DISSOLUTION DOCUMENT NUMBER: <u>N0700000</u> 385 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Royston Plowell astor Name of Contact Person (Firm/Company) - Vine Street (Address) 1180 Eas City/State and Zip Code For further information concerning this matter, please call: Royston Plowell _at (407) 870-2821 rea Code & DavtimeTelephone Number) Enclosed is a check for the following amount: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy 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

(Additional copy is enclosed)

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ARTICLES OF DISSOLUTION

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

The name of the corporation as currently filed with the Florida Department of State: FIRST:

ARTHQUAKE MINISTRY CORPORATION

The document number of the corporation (if known): NO TOODOD 3858 SECOND:

2007 The file date of the articles of incorporation: THIRD:

- FOURTH The corporation has not commenced to conduct its affairs.
- FIFTH: No debts of the corporation remains unpaid.

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- SIXTH: Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)
 - Y The dissolution was authorized by a majority of the directors: OR
 - The dissolution was authorized by an incorporator.

The dissolution was authorized by a majority of the incorporators.

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)

DIVISIONE FARY OF STATEMIS

Koyston Plowell (Typed or printed name of person signing)

rector

Filing Fee: \$35