

NO7000010140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

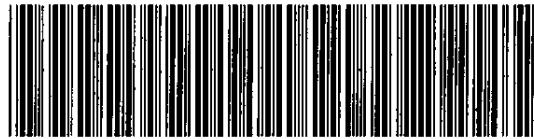
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA
MELISSA E. FLORIDA

Roberts APR 12 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2010

RAYMOND K. TROMBA
5TH FLOOR, SUITE 580 C
3031 NORTH ROCKY POINT DR WEST
TAMPA, FL 33607

SUBJECT: CHILDREN SPEAK TSUNAMI, INCORPORATED
Ref. Number: N07000010140

We have received your document for CHILDREN SPEAK TSUNAMI, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 010A00005671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION of children speaks TSUNAMI, INCORPORATED

DOCUMENT NUMBER: N07000010140

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

Please return all correspondence concerning this matter to the following:

Raymond K. Trumbo
(Name of Contact Person)
1Bn 5th Floor Suite 580C
(Firm/Company)
2031 North Rocky Point Drive West
(Address)
Tampa, FL 33607
(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond K. Trumbo at (813) 356-4906
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(Additional copy is
enclosed) Certified Copy
(Additional copy is
enclosed)

APR 9 2010
ATTACHMENT

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

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RECEIVED
FLORIDA DEPARTMENT 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:

Children Speak Tsunami, Incorporated

SECOND: The document number of the corporation (if known): X07000010140

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

14th Nov, 2009 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: 1/1/2010
(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.)

Raymundo F. P. R. mba
(Typed or printed name of the person signing)

Director
(Title of person signing)

FILING FEE: \$35