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(Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #)	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
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Martha Whitaker 1621 SE 2nd Terrace Cape Coral, FL 33990 239-574-2367

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September 10, 2004

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Florida Nutritional Food Services, Inc. FEIN: 65-0937103

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To Whom It May Concern:

Enclosed is the form in accordance with section 617.1401 filled out, and a check for \$ 35.00 the fee for dissolving the above corporation.

Any further questions on this matter please call or write me at the number and address in this letter.

Sincerely,

Martha Whitaker

Martha Whitaker

Enclosure

2

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 is FLorida Nutritional Food Services Inc.

SECOND: The articles of incorporation were filed on $\frac{g/1}{99}$

THIRD: The corporation has not commenced to conduct its affairs.

FOURTH: No debts of the corporation remain unpaid.

- FIFTH: 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
 - The dissolution was authorized by an incorporator.
 - The dissolution was authorized by a majority of the incorporators.

Signed this 10 day of September 2000

Signature

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer - if Directors have not been selected by an incorporator.)

Typed or printed name Martha Whitaker

Title President

