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(((H18000111388 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MICHAEL J. FREEMAN, P.A.

Account Number : 072720000142 Phone

: (305)442-1567

Fax Number

: (305)442-1227

DISSOLUTION OR WITHDRAWAL MIDNIGHT BALLET, INC.

Certificate of Status	0
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T. LEMIZUX

FAX AUDIT NO.: H18000111388 3

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: MIDNIGHT BALLET, INC.			
SECOND:	ECOND: The document number of the corporation (if known): P00000057590			
THIRD:	The file date of the articles of incorporation:			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.	 1	_•_	••
	The corporation has not commenced business.	SEGR	器	
FIFTH:	No debt of the corporation remains unpaid.	HASS.	APR -	
SIXTH:	The net assets of the corporation remaining after winding up have been to the shareholders, if shares were issued.	distribu	\triangleright	
SEVENTH	: Adoption of Dissolution (CHECK ONE)		\$	
	☐ A majority of the incorporators authorized the dissolution.	3>	€	
	A majority of the directors authorized the dissolution.			
Sigr	nature:			
No.	(By a director, president or other officer - if directors or officers have not been selected, in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	by an inco	porator	- if
	MICHAEL J. FREEMAN			
	(Typed or printed name of person signing)			
	Director			
	(Title of Person Signing)			

Filing Fee: \$35

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

MIDNIGHT BALLET, INC.	
Name of Corporation: MIDNIGHT BALLET, INC.	
Date of dissolution will be the date the dissolution is filed vespecified in the Articles of Dissolution.	with the Department of State or as
Description of information that must be included in a claim	:
Mailing address where claims can be sent: (Claims cannot l	be sent to the Division of Corporations)
P.O. BOX 140668	
CORAL GABLES, FL 33114	
A claim against the above named corporation will be barred within 4 years after the filing of this notice.	d unless a proceeding to enforce the claim is commence
· .	·
MICHAEL J. FREEMAN, DIRECTOR	MARRIEMON
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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