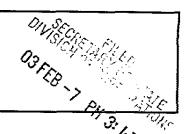
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(Re	equestor's Name)		
•	•		
(Ad	ldress)		
(Ad	(dress)		
-			
(Cit	y/State/Zip/Phone	9#)	
PICK-UP	☐ WAIT	MAIL	
	· . · .		
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	Certificates of Status		
Special instructions to	Filing Officer:		

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TRANSMITTAL LETTER

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

SUBJECT: Education Reevaluation Diagnostics, Inc.
CORPORATE NAME - MUST INCLUDE SUFFIX

Enclosed is an original and one (1) copy of the articles of dissolution and a check for:

\$35.00 – Articles of Dissolution <u>8.75</u> – Certified Copy

\$43.75 - Total Enclosed

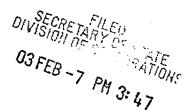
FROM: Education Reevaluation Diagnostics, Inc

5841 Corporate Way, Suite 104

West Palm Beach, FL 33407

(561) 843-9973 Daytime Telephone Number

ARTICLES OF DISSOLUTION



Pursuant to section 607,1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is	s: Education Reevaluati	Lon	,
Diagn	ostics, Inc.	. <u>ide</u> 4	<u> </u>	^
SECOND:	The date dissolution was authorized	orized: December 31, 20	002	es esta de la P
THIRD:	Adoption of Dissolution (CIII	ECK ONE)		
	solution was approved by the slassificient for approval.	nareholders. The number of vo	otes cast for dissolution	
☐ Dis	solution was approved by vote of	of the shareholders through vo	ting groups.	
	The following statement must be entitled to vote separately on the		voting group	
The	number of votes cast for dissol	lution was sufficient for approv	al by	
		(voting group)	<u> </u>	
Si		February	2003	
Signature (Much Chairman or Vice Chairm	House and President, or other offi	cer)	, No lease exerc
	Oracene Will	•	_	
	President			- · •
		(Title)		