

PD1000017447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**SUBJECT: Dissolution of Pro-Lift Fingerprint Collection System, Inc.**

**DOCUMENT NUMBER: P01000017447**

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

Please return all correspondence concerning this matter to the following:

**Linda L. Massimo  
3609 15<sup>th</sup> Avenue West  
Bradenton, Florida 34205**

For further information concerning this matter, please call:

**David P. Montgomery, Esquire at (941) 748-8470**

Enclosed is a check for the following amount:

  X   **\$35 Filing Fee**

       **\$43.75 Filing Fee & Certificate of Status**

       **\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)**

       **\$52.50 Filing Fee, Certificate of Status & 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

## 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: PRO-LIFT FINGERPRINT COLLECTION SYSTEM, INC.

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

THIRD: The file date of the articles of incorporation: 2/14/01

FOURTH:

The current president is the surviving spouse and sole heir of the deceased principal who was the sole officer, director and shareholder, and the corporation has long ceased all operations

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution

All officers, directors and shareholders authorized the dissolution.

Signature: \_\_\_\_\_

*Linda L. Massimo*  
Linda L. Massimo, President

Linda L. Massimo  
President

Filing Fee: \$35

FILED  
08 MAY - 1 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Shareholder Consent to Dissolution of Corporation**

I, **Linda L. Massimo**, as a shareholder of **Pro-Lift Fingerprint Collection System, Inc.** (hereinafter referred to as "Corporation") hereby execute this Shareholder Consent to Dissolution of Corporation and state:

1. I am the sole shareholder of Corporation.
2. No voting groups exist for Corporation.
3. I wish to dissolve Corporation pursuant to Section 607.1402(6) of the Florida Statutes.
4. Pursuant to Section 607.0704 of the Florida Statutes, I hereby consent to dissolution of Corporation pursuant to Section 607.1402(6) of the Florida Statutes.

Dated: **February 11, 2008**.

A handwritten signature in cursive script, reading "Linda L. Massimo", is written over a horizontal line.

**Linda L. Massimo**, as shareholder of  
**Pro-Lift Fingerprint Collection System, Inc.**

### 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.

Name of Corporation: **Pro-Lift Fingerprint Collection System, Inc.**

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.

Description of information that must be included in a claim: **Name of claimant, Mailing Address of claimant, Telephone number of claimant, Description of claim (including the type and nature of and basis for the claim), Amount of Claim as of the date of the claim, Date upon which claim arose, Statement as to whether claim is secured, Statement as to any and all contingencies associated with the claim, Statement as to whether the claim is liquidated and Present date**

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

**3609 15<sup>th</sup> Avenue West  
Bradenton, Florida 34205**

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

**Linda L. Massimo**

Printed Name of the Person Filing

**DAVID PAUL MONTGOMERY, ESQ**

Signature of the Person Filing

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