

PO1000024484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

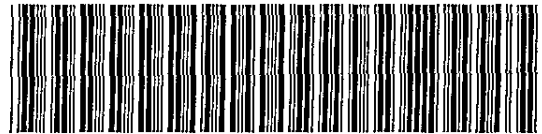
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2002 DEC 30 AM 8:48

Dissolution

LFT

1-9-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Haunting Experience, Inc.
(Name of corporation)

DOCUMENT NUMBER: P01000024484

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Colavecchio
(Name of person)

A Haunting Experience, Inc.
(Name of firm/company)

7631 Hollington Place
(Address)

Lake Worth, FL 33467
(City/state and zip code)

For further information concerning this matter, please call:

George Colavecchio at (561) 371-5468
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

2002 DEC 30 AM 8:48

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

FIRST: The name of the corporation is: A Haunting Experience, Inc.

SECOND: The filing date of the articles of incorporation was: March 5, 2001

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

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

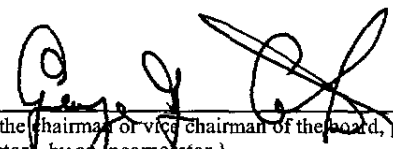
SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 27th day of December, 2002.

Signature


(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

George J. Colavecchio
(Typed or printed name)

President/Registered Agent
(Title)