

PO1000044034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

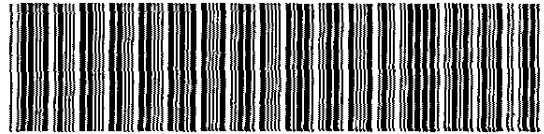
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

05 FEB 16 AM 10:09

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02/16/05--01058--011 **52.50

of vol.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Rebuilding Our Community, I

DOCUMENT NUMBER: P01000044034

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

Please return all correspondence concerning this matter to the following:

Peter R Abesada Esq.
(Name of Person)

Peter R Abesada & Associates PA.
(Name of Firm/Company)

2725 Salzedo Street CORAL
(Address)

CORAL Gables FL. 33134
(City/State/and Zip Code)

For further information concerning this matter, please call:

Peter R Abesada Esq. at (305) 446-6691
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 as currently filed with the Department of State:
Rebuilding Our Community, Inc.

SECOND: The document number of the corporation (if known): P0100004434

THIRD: The date dissolution was authorized: 5/10/03

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 10 day of February, 2005.

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Miguel A. Chamah
(Typed or printed name of person signing)

Director
(Title of person signing)

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05 FEB 16 AM 10:39
STATE
TALLAHASSEE, FLORIDA

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: Rebuilding Our Community, 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
Amount of Claim
Address of Claimant
Nature of Claim

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05 FEB 16 AM 10:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Peter R. Abesada Esq.
2725 Salzedo Street
Coral Gables FL 33134

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.

Miguel A. Chama
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing