

PO1000053776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600145373226

03/12/09--01024--002 **35.00

FILED

2009 MAY 12 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. S. S. / K. C. P.
8/8

51505

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAVID KIRSCHNER INC

DOCUMENT NUMBER: 1A

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

Please return all correspondence concerning this matter to the following:

DAVID KIRSCHNER
(Name of Contact Person)

(Firm/Company)

P.O. Box 1507
(Address)

CLEWISTON, FL 33440
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID KIRSCHNER at (352) 302 3543
(Name of Contact 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, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2009

DAVID KIRSCHNER
POST OFFICE BOX 1507
CLEWISTON, FL 33440

SUBJECT: DAVID KIRSCHNER, INC.
Ref. Number: P01000053776

We have received your document for DAVID KIRSCHNER, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 109A00008741

RECEIVED
2009 MAY 12 AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 Florida Department of State:

DAVID KIRSCHNER INC

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

THIRD: The date dissolution was authorized: 12-31-08

Effective date of dissolution if applicable: 12-31-08
(no more than 90 days after dissolution file date)

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 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

BOID
(voting group)

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)

DAVID KIRSCHNER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
2009 MAY 12 AM 9:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Filing Fee: \$35

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: DAVID KIRSCHNER 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:

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

DAVID KIRSCHNER
P.O. Box 1507
CLAMISTON FL
33446

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.

DAVID KIRSCHNER
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