P01000092271

(Requ	iestor's Name)		
(Addr	ess)		
(Address)			
(City/s	State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Busin	ness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certified Copies Certificates of Status		
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations	HIDOLOGY AND	
SUBJECT: Coorporate Dissolu	tros	
DOCUMENT NUMBER: <u>P0100092271</u>		
The enclosed Articles of Dissolution and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the	following:	
(Name of Contact Person)		
Yrine Real Estate + Disc., Inc		
(Firm/Company)		
11401 SW 40 St #110 (Address)	Annual Albert State of State o	
Hiam FL 33165		
Higm, FL 33165 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Very QuinLew at (305) (Name of Contact Person) (Area Contact Person)	299 - 8683 Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	•	
Certificate of Status Certificate of Status Certified Copy (Additional copy enclosed)	Certificate of Status &	
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 607.1403, 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:
SECOND:	The document number of the corporation (if known): POI 0009227
THIRD:	The date dissolution was authorized:/15 2008
	Effective date of dissolution if applicable: 15/208 (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: 8 to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	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)
	Signature: (By a director, possiblent 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) (Typed or printed name of person signing) (Title of person signing)

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: Name Real Estate of Stociates Inc
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
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) 10630 SW 146 CF HIGHLY, FC 33186
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
Heisy Quinters Charles
Printed Name of the Person Filing Signature of the Person Filing