

PO1000118773

Florida Department of State
Division of Corporations
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(((H06000141616 3)))

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To:

Division of Corporations
Fax Number : (850) 205-0380

FROM:

Account Name : COMITER & SINGER, LLP
Account Number : T20000000085
Phone : (561) 626-4742
Fax Number : (561) 626-4742

RECEIVED

06 MAY 23 AM 8:00

DIVISION OF CORPORATIONS

DISSOLUTION OR WITHDRAWAL

ABRIKA PHARMACEUTICALS, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

06 MAY 23 AM 9:16

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Attn: Brenda
Tadlock

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABRIKA Pharmaceuticals, Inc. (Florida)

DOCUMENT NUMBER: P01000118773

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

Please return all correspondence concerning this matter to the following:

Scott Lodin
(Name of Contact Person)
ABRIKA Pharmaceuticals, Inc. (Delaware)
(Firm/Company)
13800 NW 2nd Ave., Suite 190
(Address)
Sunrise, FL 33325
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Lodin at (954) 315-6542
(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

May-24-2006 01:42 PM
850-205-0381

Comiter, Singer & Ba 561-626-3250

1/3

Attn: Brenda
Tadlock



May 24, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ABRIKA PHARMACEUTICALS, INC.
13800 NW 2ND STREET
SUITE 190
SUNRISE, FL 33325

SUBJECT: ABRIKA PHARMACEUTICALS, INC.
REF: P01000118773

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6906.

Darlene Connell
Document Specialist

FAX Aud. #: H06000141616
Letter Number: 006A00036388

H06000141616

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:

ABRIKA Pharmaceuticals, Inc.

SECOND: The document number of the corporation (if known): P01000118773

THIRD: The file date of the articles of incorporation: 12/14/01

FOURTH: (CHECK AT LEAST ONE BOX)

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

☒ The corporation has not commenced business.

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 (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

ALAN P. COHEN

(Typed or printed name of person signing)

President and Director

(Title of Person Signing)

Filing Fee: \$35

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06 MAY 23 AM 9:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS

H06000141616

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: Abrika Pharmaceuticals, 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:

All evidence supporting the claim's validity.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 23 AM 9:46

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

Scott Ladin
Abrika Pharmaceuticals, Inc.
13800 NW 2nd Ave, Suite 190
Sunrise, FL 33325

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.

Alan P. Cohen

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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

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