P02000022764

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800040160958

08/24/04--01014--004 **35.00

FILED

OL AUG 23 PH 12: 22

SECKE JAKSEE, FLORIBA

Diss Whotie

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Mikes Personal Watercraft Inc
DOCUMENT NUMBER: P02000022764
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Dwen S (Name of Person)
Mike's Resonal Watveraft, Inc (Name of Firm/Company)
3097 Prince D1. (Address)
Lake Worth FL 33461 (City/State/and Zip Code)
For further information concerning this matter, please call:
Michael Owens at (561) 641-7727 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\frac{1}{2}\$35 Filing Fee \$\begin{array}{cccccccccccccccccccccccccccccccccccc
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

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 Department of State:
_	Mikes Personal watercraft Inc
SECOND:	The document number of the corporation (if known): PO2 0000 22764
THIRD:	The file date of the articles of incorporation was: 4/28/02
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.
	Signed this Third day of August, 2004
Signatu	
	(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.)
	Michael Owens (Typed or printed name of person signing)
	President (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. 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) 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. Signature of the Person Filing