P02000024451

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SECRETARY OF STATE OF STATE OF CORPORATION OF CORPORATION

Wh. Dis.

COVER LETTER

Division of Corporations				
SUBJECT: CALLYSTA, INC				
DOCUMENT NUMBER: POZOOOO	24451			
The enclosed Articles of Dissolution and fee are submitted f	or filing.			
Please return all correspondence concerning this matter to the	e following:			
Carol J. Parsons				
(Name of Contact Person)				
Callysta, Inc. (Firm/Company)				
(Firm/Company)				
14083 Harbor Lane				
Ralm Beach Gardens,	-L 33400			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
	776 - 1305 Code & Daytime Telephone Number)			
	Lode & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$43.75 Filing I Certificate of Status Certified Copy (Additional copy enclosed)	Certificate of Status &			
MAILING ADDRESS:	STREET ADDRESS:			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

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	te:	
	CALLYSTA, INC.		
SECOND:	The document number of the corporation (if known): PO 200 00244	45	1
THIRD:	The file date of the articles of incorporation: 02 28 2002		
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.		
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		IVIĆ S
SEVENTH:	Adoption of Dissolution (CHECK ONE)	06 MAY 15	ECRE
	A majority of the incorporators authorized the dissolution.		TARY OF CO
	A majority of the directors authorized the dissolution.	PM 4:26	OF STATE
Signa	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incorpora		SNC
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)		
	CAROL J. PARSONS (Typed or printed name of person signing)		
	PRESIDENT		
	(Title of Person Signing)		

Filing Fee: \$35