

P020000065644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

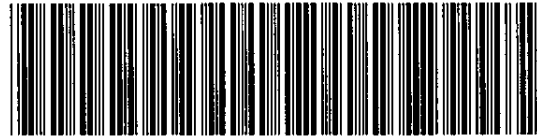
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/14/08--01047--025 **35.00

2008 SEP 18 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

for 9/18/08

A00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2008

Christine Morris
Enhance Medi Spa
3339 Covered Bridge East
Dunedin, FL 34698

SUBJECT: ENHANCE MEDI SPA INC.
Ref. Number: P02000065644

We have received your document for ENHANCE MEDI SPA INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You will need to file articles of dissolution to dissolve your corporation instead of filing a withdrawal application since your corporation is a Florida corporation not a foreign (out of state) corporation. I have enclosed the correct form for your convenience.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 308A00023339

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voluntarily Dissolve Enhance Medi Spa Corporation

DOCUMENT NUMBER: P02000065644

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

Please return all correspondence concerning this matter to the following:

Christine Morris

(Name of Contact Person)

Enhance Medi Spa Inc

(Firm/Company)

Po Box 5183

(Address)

Snowmans Village CO 81615

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Morris

(Name of Contact Person)

at (970) 379-3858

(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

FILED

ARTICLES OF DISSOLUTION

2008 SEP 18 PM 4:45

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Enhance Medi Spa Inc

SECOND: The document number of the corporation (if known): 902000065644

THIRD: The date dissolution was authorized: April 8, 2008

Effective date of dissolution if applicable: March 31, 2008
(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

Christine Morris - President
(voting group)

Signature

Christine Morris Christine Morris
(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) 9.10.08

Christine Morris
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

*Have the money in your file as of April 18th