P0200076079

| (R | equestor's Name) | |
|-------------------------|---------------------|-------------|
| (A | ddress) | |
| (Ad | ddress) | |
| (C | ity/State/Zip/Phone | ⇒#) |
| PICK-UP | TIAW [| MAIL |
| (B. | usiness Entity Nar | ne) |
| (D | ocument Number) | |
| Certified Coples | | |
| | | |
| Special Instructions to | Hiling Officer: | |
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Office Use Only



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SECRETARY OF STAIL ON SECRETARY OF CORPORATION OF CORPORATION 22

Dissolution Instice

TRANSMITTAL LETTER

TO: Amendment Section

| Division of Corporations | | |
|---|--|--|
| SUBJECT: REVENGE COMPOST INC | | |
| DOCUMENT NUMBER: POLOOOO 76079 | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| THOMAS J. RITZHANN (Name of Person) | | |
| Rejence Company) (Name of Firm/Company) | | |
| (Name of Firm/Company) | | |
| P.O. BOX 1865 (Address) | | |
| (Address) | | |
| Venice FC 34284 (City/State/and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| THOMAS J. R. 72MANN at (941) 423 /6/6 (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) | | |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399 | | |

SECRETARY OF STAIL DIVISION OF CORPORATION

ARTICLES OF DISSOLUTION

2004 MAY -3 AM !!: 22

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 Department of State: |
|---------|--|
| , | REVENGE COMPOST, INC. |
| SECOND: | The document number of the corporation (if known): PODODO 76079 |
| THIRD: | The date dissolution was authorized: 4-30 by |
| | Effective date of dissolution if applicable: (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 of 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 |
| | , |
| | (voting group) |
| | Signed this 30th day of April 2004. |
| | |
| Signat | (By a director, president or other officer - if dilectors or officers have not been selected, by an incorporator - |
| | if in the hands of a receiver, trustee of other court appointed fiduciary, by that fiduciary) |
| | (Typed or printed name of person signing) |
| | Pres. |
| | (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: Revenue Compost 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: $\mathbf{r}_{}$ |
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| BUSINCSS |
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| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| BRADENTON, FL 34205 |
| BRADENTON, EL 34205 |
| |
| |
| 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. |
| TO TO THE TOTAL TOTAL TO THE TO |
| THOMAS J. RITZMANN Signature of the Person Filing Printed Name of the Person Filing |