120000 78468

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TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: Pozoooo 78468
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEVAN MATHURA (Name of Person)
CD MATHURA ENTERPRISES INC. (Name of Firm/Company)
1343 LAKE BISCAYNE WAY (Address)
ORLANDO, FL 32824 (City/State/and Zip Code)
(City/State/and Zip Code)
For further information concerning this matter, please call:
DEVAN MATHURA at (407) 852-3161 (Name of Person) (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 STREET ADDRESS: Amendment Section 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:	
(OD MATHURA ENTERPRISES INC.	
SECOND:	The document number of the corporation (if known): Po200078468	
THIRD:	The file date of the articles of incorporation was: 07-18-2002	
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.	
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 31 ST day of DECEMBER , 2003.		
Signature:		
	if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
	(Typed or printed name of person signing)	
	(Typed of printed name of person signing)	
TRESIDENT		

Filing Fee: \$35