

PO2000092186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

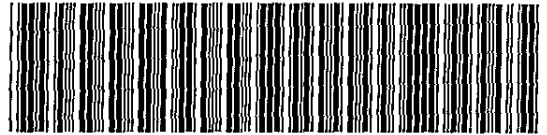
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/01/03--01085--015 \*\*35.00

**FILED**  
03 DEC -1 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RS 12/8/03  
Diss

BLAIR M. JOHNSON, P.A.  
ATTORNEY AT LAW  
P. O. BOX 770496  
425 S. DILLARD STREET  
WINTER GARDEN, FLORIDA 34777-0496

(407) 656-5521

FAX (407) 656-0305

November 19, 2003

Department Of State  
Division Of Corporation  
Attention: Dissolution Division  
The Capitol  
Tallahassee, Florida 32304

re: New Image Hair Clinic, Inc.

Dear Reader:

Enclosed for filing is the original of the *Articles Of Dissolution* for ~~Oseeola~~  
~~Aluminum, Inc.~~ Also enclosed is a check in the amount of **\$35.00** which represents  
payment of the dissolution fee.

Please file the enclosed original *Articles Of Dissolution* and return a filing receipt  
to the undersigned in the enclosed self-addressed stamped envelope.

Thank you for your courtesies in this matter.

Sincerely,



Kathy Ann Dickey  
Legal Secretary to  
Blair M. Johnson, Esquire

kad

Enclosures

c:\corporate\letter to sec. of state re filing dissolution

ARTICLE OF DISSOLUTION  
OF  
NEW IMAGE HAIR CLINIC, INC.

**FILED**  
03 DEC -1 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO: DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA 32304

Pursuant to the provisions of **Section 607.1403** of the **Florida Statutes**, the undersigned corporation adopts the following **Articles Of Dissolution**:

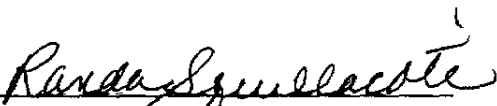
- I. The name of this corporation is **NEW IMAGE HAIR CLINIC, INC.**
- II. The dissolution was authorized on **November 12, 2003** to be effective upon the filing of this **Articles Of Dissolution**.
- III. The dissolution was approved by the written consent of all of the shareholders pursuant to **Section 607.0704, Florida Statutes**.

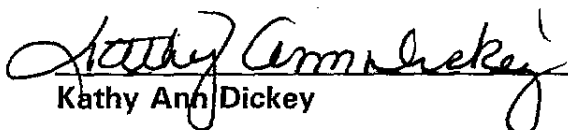
Dated: November 12, 2003.

Witness:

**NEW IMAGE HAIR CLINIC, INC.**

  
Blair M. Johnson

BY:   
RANDA SQUILLACOTE,  
President

  
Kathy Ann Dickey

STATE OF FLORIDA  
COUNTY OF ORANGE

BEFORE ME, personally appeared **RANDA SQUILLACOTE**, as President,

respectively of **NEW IMAGE HAIR CLINIC, INC.** on behalf of the Corporation, to me well known and known to be the individual described in, who is personally known to me and who executed the foregoing **Articles Of Dissolution** and acknowledged before me that she executed the same for the purposes therein expressed.

**WITNESS** my hand and official seal in the County and State aforesaid mentioned this 12<sup>th</sup> day of November, 2003.

  
Notary Public  
My commission expires:

