P02000/18829

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<i>(,,</i>
(Document Number)
Certified Copies Certificates of Status
Obtained deplote
<u></u>
Special Instructions to Filing Officer:
<u> </u>





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Voldis Wrotice
There 3/5/04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
, and the second
SUBJECT: DOMOREBUSINESS TIL
DOCUMENT NUMBER: PO 2000 // 8839
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mame of Person)
(Name of Person)
(Name of Person) (Name of Firm/Company)
PO BOX 50819 (Address)
(
City/State/and Zip Code)
(City/State/and Zip Code)
For further information concerning this matter, please call:
Mame of Person) at (334) 348-1877 (Area Code & Douting Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status & 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

articles of di	section 607.1403, Florida Statules, this Florida profit corporation submits the following statules.
FIRST:	The name of the corporation as currently filed with the Department of State:
	DOMONEBUSINESS INC
SECOND:	The document number of the corporation (if known): 10 2660118329
THIRD:	The date dissolution was authorized: 4-1-64
	Effective date of dissolution if applicable: 4.2-64 (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
	OTULY I SHAREHOLDER (voting group)
	a ,
	Signed this and day of AMIL 2004.
	Signature: Symus Menner for Ples
	(B) a director, president or other officer - if directors of officers have not been selected, by in incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	JAMES M WERNER FR
	(Typed or printed name of person signing)
	(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:	DOMOREBUSINESS	THE	

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:

per

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Sa	nes	Wis	zwz		
P			508	~/ 9	
FT	m	ERG	FL	33994	
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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.

Frinted Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00