## PD 3000003500

| (Re                     | equestor's Name)     |           |
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| (Cit                    | ty/State/Zip/Phone   | e #)      |
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| PICK-UP                 | ☐ WAIT               | MAIL      |
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| :<br>Certified Copies   | t<br>Certificates    | of Status |
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| Special Instructions to | Filing Officer:      | ٠         |
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SECRETARY OF STATE

APPROVED AND FILED

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C. Coullistes MAY 1 6 2007

## **COVER LETTER**

| TO:           | Amendment Section Division of Corporations                                                      |                                                                   |                                                                                          |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| SUBJ          | ECT: FLORIDA VACATION                                                                           | PLANNERS, INC                                                     | · · · · · · · · · · · · · · · · · · ·                                                    |
|               | · · · · · · · · · · · · · · · · · · ·                                                           |                                                                   |                                                                                          |
| DOCU          | UMENT NUMBER: P0300000                                                                          | 3500                                                              | ,                                                                                        |
| The er        | nclosed Articles of Dissolution and t                                                           | fee are submitted for fili                                        | ng.                                                                                      |
|               |                                                                                                 |                                                                   |                                                                                          |
| Please        | e return all correspondence concernin                                                           | g this matter to the follo                                        | wing:                                                                                    |
| SAM           | IIR A. JUNDI                                                                                    |                                                                   |                                                                                          |
|               | (Name of                                                                                        | Contact Person)                                                   |                                                                                          |
|               |                                                                                                 |                                                                   |                                                                                          |
|               | (Fin                                                                                            | m/Company)                                                        |                                                                                          |
| 1230          | 00 GARNI COURT                                                                                  |                                                                   |                                                                                          |
|               |                                                                                                 | ddress)                                                           | _                                                                                        |
| ORI           | ANDO FL 32837 US                                                                                |                                                                   |                                                                                          |
|               |                                                                                                 | ate and Zip Code)                                                 |                                                                                          |
| For fu        | rther information concerning this ma                                                            | tter, please call:                                                | ,                                                                                        |
| SAM           | 1IR JUNDI                                                                                       | at ( 321 ).                                                       | 206 - 9149                                                                               |
|               | (Name of Contact Person)                                                                        | (Area Code &                                                      | 206 - 9149<br>& Daytime Telephone Number)                                                |
| Enclos        | sed is a check for the following amou                                                           | int:                                                              |                                                                                          |
| <b>₽</b> \$35 | Filing Fee \$\sum \\$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 | Amo<br>Divi<br>Clif                                               | EET ADDRESS: endment Section sion of Corporations ton Building I Executive Center Circle |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

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

| ECOND: | The document number of the corporation (if known): P0300003500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|        | The date dissolution was authorized: 12/31/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| HIRD:  | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |
|        | Effective date of dissolution if applicable: 12/31/2006  (no more than 90 days after dissolution for the second dissolution disso | ile date)                  |
| OURTH: | Adoption of Dissolution (CHECK ONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |
|        | Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or dissolution             |
|        | Dissolution was approved by the shareholders through voting groups.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |
|        | The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | titled                     |
|        | The number of votes cast for dissolution was sufficient for approval by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 07<br>SEC<br>TALL          |
|        | (voting group)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MAY<br>RETA<br>AHAS        |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIL<br>SEE                 |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PH 4: 00  OF STATE FLORIDA |
| . (    | Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | : 00<br>ATE<br>RIDA        |
| •      | (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the happs of a receiver, trustee, or other court appointed fiduciary, by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |
|        | that fiduciary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
|        | SAMIR A. JUNDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |

Filing Fee: \$35

(Title of person signing)