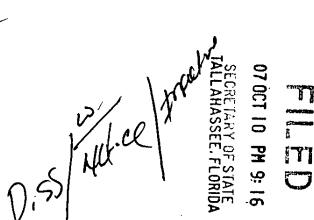
000004008

(Address)	000110463150
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	10/10/0701023005 ++43.
Certified Copies Certificates of Status	SECRETARY OF STATE TALLAHASSEE, FLORIDA

Office Use Only



++43.75



COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: American Arch	itectural Interiors, Inc
DOCUMENT NUMBER: P030000	54008
The enclosed Articles of Dissolution and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
Michael Krasun (Name of Contact Per	
(Name of Contact Per	rson)
(Firm/Company	·)
P.D. Box 10/0/0985	
P.O. Box lolele 985 (Address)	
Pompano Beach, 7 (City/State and Zip)	FL 33069
(City/State and Zip (Code)
For further information concerning this matter, please	call:
Michael Krasun at (954) 253-8499 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified	nal copy is Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	American Architectural Interiors, Inc.	
SECOND:	The document number of the corporation (if known): PO300004008	
THIRD:	The date dissolution was authorized: $08/01/2005$	
	Effective date of dissolution if applicable: 10/01/2007 (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 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)	
Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	(Typed or printed name of person signing)	
	President (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. 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: of project description Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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