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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of Profit Corporation	
DOCUMENT NUMBER: P0300008320	
The enclosed Articles of Dissolution and fee are submitte	d for filing.
Please return all correspondence concerning this matter to	the following:
Maria Portilla, DMD	
(Name of Contact Person	)
Flight of the Imagination Decor, Inc.	
(Firm/Company)	
8891 N.W. 1st Street	
(Address)	
Coral Springs, FL 33071	
(City/State and Zip Cod	e)
For further information concerning this matter, please call	:
Maria Portilla, DMD at ( 954	
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee \$\sum \$\\$43.75 Filing Fee & \$\sum \$\sum \$\\$43.75 Filing Fee & \$\sum \$\s	opy Certificate of Status &
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 607.1401, 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:	
	Flight of the Imagination Decor, Inc	
SECOND:	The document number of the corporation (if known): P0300008320	
THIRD:	The file date the articles of incorporation:	
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)	
	Adoption of Dissolution (CHECK ONE)  A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Signature:		
2 8	(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.)	
	Maria Portilla, DMD	
	(Typed or printed name of person signing)	
	President	
	(Title of Person Signing)	

Filing Fee: \$35