Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : FAS-T CORP, AGENTS, INC.

Account Number: 071001002335 Phone : (305)599-0839

Fax Number

: (305)716-0346

## DISSOLUTION

## BETTER LIFE MEDICAL INSTITUTE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## ARTICLES OF DISSOLUTION

Pursuant to s of dissolution	ection 607.1403, Florida Statutes, this Florida profit corporation submits the following articles a:		
	Zer of		
FIRST:	The name of the corporation as currently filed with the Department of State:		
	Better Life Medical Intitute, Inc.		
SECOND:	The document number of the corporation (if known): P03000042713		
THIRD:	The date dissolution was authorized: 10-15-2004		
•	Effective date of dissolution if applicable: 11-01-2004 (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 east for dissolution was sufficient for approval by		
	(voting group)		
	Signed this 15 day of October , 2004		
	A		
Signat	The state of the s		
oigian	(By a director, president of other officer - if directors or officers have not been selected, by an i neorporator - if in the heads of a receiver, instee, or other court appointed fiduciary, by that fiduciary)		
	Miguel A Gabacaa		
	(Typed tw printed name of person signing)		
	Miguel A. Cabrera Procedent		
	(Tide of person signing)		

Filing Fee: \$35