

PO3000044033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

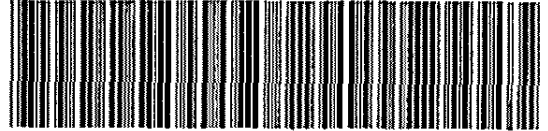
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800035237868

05/04/04--01041--010 **35.00

FILED
04 MAY - 3 PM 12:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

Ps 5/10/04
JSS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Re: Articles of Dissolution (3D DIVING PARENTS ASSOCIATION)

DOCUMENT NUMBER: _____ "NOT KNOWN"

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT W. SHAW

(Name of Person)

3D DIVING PARENTS ASSOCIATION

(Name of Firm/Company)

6054 LESLIE ST

(Address)

JUPITER, FL. 33458

(City/State/and Zip Code)

For further information concerning this matter, please call:

Robert W. Shaw

(Name of Person)

at (561) 743-0087

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

3D DIVING PARENTS ASSOCIATION, Inc.

SECOND: The document number of the corporation (if known): PO30000440 23

THIRD: The file date of the articles of incorporation was: 4/12/03

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)

- A majority of the incorporators authorized the dissolution.
- A majority of the directors authorized the dissolution.

Signed this 29 day of APRIL, 2004

Signature: Robert W. Shaw
(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.)

Robert W. Shaw
(Typed or printed name of person signing)

Director
(Title of person signing)

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 04 MAY -3 PM 12:16
 FILED

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: 3D DIVINE PARENTS ASSOCIATION, INC.

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:

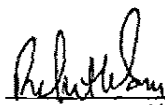
NO KNOWN CLAIMS OR DEBTS OF 3D DIVINE PARENTS ASSOCIATION AS OF
APRIL 29, 2004. (1) EXPRESS PURPOSE OF CLAIM, (2) DATE AND LOCATION OF
CLAIM, (3) JUSTIFICATION OF CLAIM AGAINST 3D DIVINE PARENTS ASSOCIATION
(4) ASSOCIATION OF CLAIM WITH 3D DIVINE PARENTS ASSOCIATION (5) FILING
OF FORM CLAIM WITH CORP. STATE ENTITY'S AND OFFICES AS REQUIRED BY FLA STATUTES

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

c/o Robert W. Shaw
6054 Lasua St
Jupiter, FL 33459

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.

Printed Name of the Person Filing

Robert W. Shaw 

Signature of the Person Filing