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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AISSULUTION OF CORDORATIO	火
DOCUMENT NUMBER: P 0 2 0 0 0 0 4 4 3 9 4	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
* ROBIN MAY	
(Name of Contact Person)	
KPM RESTAURANTS, INC. (Firm/Company)	
x PO Box 1143	
(Address) (CRYSTAL BEACH, FL 3408) (City/State and Zip Code)	
For further information concerning this matter, please call: Contact Person at (121) 224-3612 (Area Code & Daytime Telephone Number)	er)
Enclosed is a check for the following amount:	
\$35 Filing Fee Sectificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF DISSOLUTION Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation subth articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: The document number of the corporation (if known): PO300004439 4 SECOND: The file date the articles of incorporation: THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. No debt of the corporation remains unpaid. FIFTH: 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. 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)

Filing Fee: \$35

(Title of Person Signing)

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