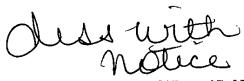
P03000059866

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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FILED 2018 AUG 18 AM '9: 42 SECRETARY OF STATE

8 00/10

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution of Reliable Professional DOCUMENT NUMBER: P 0300059866
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person) Reliable Professional Levices Inc (Firm/Company)
301 Manyland Que (Address) Dt. Claud Fl 34769
(City/State and Zip Code) For further information concerning this matter, please call:
Same AS ABove at (407) 957-7575 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\square\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Reliable Professional Services, Inc.

301 Maryland Avenue

St. Cloud, FL 34769

June 26, 2010

Document #: P03000059866

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Reliable Professional Services has not done any business for the past two years. Therefore, we did not file the annual report for 2010.

Thank you for your attention in this matter.

Sincerely,

Elizabeth Gower

ARTICLES OF DISSOLUTION

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Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submit the IANOWINGS FATE articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	Reliable Professional Services Inc	
SECOND:	The document number of the corporation (if known): \$\int 03 0000 59866	
THIRD:	The file date of the articles of incorporation: $\frac{6/2}{2003}$	
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.	
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, thustee, or other court appointed fiduciary, by that fiduciary.)		
	Clirabeth Gower	
	(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: 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.

Printed Name of the Person Filing