P030063092

(R	equestor's Name	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(B	usi nes s Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
	Office Use Or	ıly



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D'ss/w/Molice

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution of Renaissance Antiques ar	nd Reproduction of Kalispell Mt Inc.	
DOCUMENT NUMBER: P03000063092		
The enclosed Articles of Dissolution and fee are submitted	for filing,	
Please return all correspondence concerning this matter to th	e following:	
DONNA BYRNE		
(Name of Contact Person)		
COWAN & PACETTI, I	NC.	
(Firm/Company)		
136 MALAGA STREET		
(Address)		
ST AUGUSTINE, FLORIDA	A 32084	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
DONNA BYRNE at (904) 824-8147	
	Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigsiz\$\$\\$43.75 Filing Fee & \$\bigsiz\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	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 607.1403, 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:		
	Renaissance Antiques And Reproductions of Kalispell Mt., Inc.		
SECOND:	The document number of the corporation (if known): P0300063092		
THIRD:	The date dissolution was authorized: 01/01/2006		
	Effective date of dissolution if applicable: 01/01/2006 (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 cast for dissolution was sufficient for approval by		
	(voting group)		
	(voting group) 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)		
	BERNARD DERAAD		
	(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.

Name of Corporation:_	Renaissance Antiques And Reproductions of Kalispell Mt., Inc
Date of dissolution will specified in the Articles	be the date the dissolution is filed with the Department of State or as of Dissolution.
Description of informat	ion that must be included in a claim:
Mailing address where	claims can be sent: (Claims cannot be sent to the Division of Corporations)
	203 THIRD STREET
	ST AUGUSTINE, FLORIDA 32084
A claim against the abo within 4 years after the	ve named corporation will be barred unless a proceeding to enforce the claim is commenced filing of this notice.
	\sim
BERNARD DE	RAAD
Printed	Name of the Person Filing Stanature of the Person Filing