P0300013220

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION OF CON	Position
DOCUMENT NUMBER: P03006	073220
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
ASTENIE SA. (Name of Co General Improver (Firm/C	ntact Person)
(Firm/C 535N.W. 111 Street (Addi	
miani FL 33168	and Zip Code)
For further information concerning this matter	, please call:
ASTEMIE SAINVIL (Name of Contact Person)	at (<u>30.5</u>) <u>75/-5983</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	\$43.75 Filing Fee & \$\sum \$\$52.50 Filing Fee, Certified Copy Certificate of Status & Additional copy is enclosed) (Additional copy is enclosed)
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 607.1401, 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 Sta	ite:
	GeneRAL IHPROVEMENTS, Inc	
SECOND:	The document number of the corporation (if known): P0300073220	
THIRD:	The file date of the articles of incorporation: $07/02/2003$	
FOURTH:	(CHECK AT LEAST ONE BOX)	T 02
	None of the corporation's shares have been issued.	ECRET
	The corporation has not commenced business.	ARY C
FIFTH:	No debt of the corporation remains unpaid.	70
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.	
Signa	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incorpor in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	ator - if
	ASTENIE SAMUIL (Typed or printed name of person signing)	
	Resident. (Title of Person Signing)	

Filing Fee: \$35