

P03000074204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

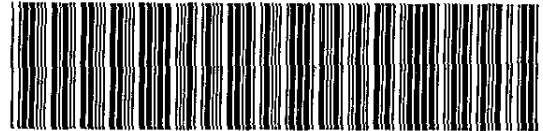
(Business Entity Name)

(Document Number)

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04 AUG 27 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution w/Notice

T BROWN AUG 30 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BETTER PHARMACY CORP.

DOCUMENT NUMBER: P03000074204

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

Please return all correspondence concerning this matter to the following:

MERCEDES DEBORA-REYES

(Name of Person)

BUSINESS AUTHORITY CORPORATION

(Name of Firm/Company)

8347 SW 40 STREET

(Address)

MIAMI, FLORIDA 33155

(City/State/ and Zip Code)

For further information concerning this matter, please call:

MERCEDES DEBORA- REYES

(Name of Person)

at (305) 220-3420

(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, FL 32314

Street Address:

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 12, 2004

MERCEDES DEBORA-REYES
BUSINESS AUTHORITY CORPORATION
8347 SW 40 STREET
MIAMI, FL 33155

SUBJECT: BETTER PHARMACY CORP.
Ref. Number: P03000074204

We have received your document for BETTER PHARMACY CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as I have had no further communication with you since our phone call of August 7, 2004.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 604A00049971

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:

Better Pharmacy Corp.

SECOND: The document number of the corporation (if known): P030000074204

THIRD: The file date of the articles of incorporation was: 7/7/2003

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.

Signed this 18 day of AUGUST, 2004.

Signature: [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.)

SABRINA SILVA

(Typed or printed name of person signing)

President | Director

(Title of person signing)

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04 AUG 27 AM 8:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Better Pharmacy Corp.

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:

Name of Corporation
BILLS or INVOICES (copies)
NAME OF DIRECTOR or
persons involve .

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

1441 N. Palm Ave
Pembroke Pines, FL
33024

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.

Sabrina Silva
Printed Name of the Person Filing

Sabrina Silva
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00