

P 03 000074728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

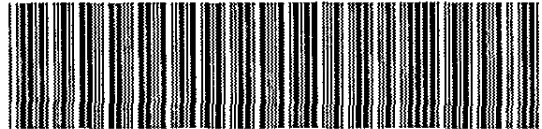
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/23/04--01046--005 \*\*35.00

04 FEB 23 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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g/27  
M. H. H. H.

per Mail

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution / Custom European Woodworking Inc

**DOCUMENT NUMBER:** P03000074728

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

Please return all correspondence concerning this matter to the following:

DORIS S DENKEL

(Name of Person)

3911 Williamson Road

(Name of Firm/Company)

Fort Myers FL 33905

(Address)

(City/State/and Zip Code)

For further information concerning this matter, please call:

DORIS Suenkel

(Name of Person)

at ( 239 ) 693 0385

(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)
- check 642

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**

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

**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: Custom European Woodworking Inc.

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)

DORIS SUENKEL  
3911 Williamson Road  
Fort Myers FL 33905  
Phone (239) 693 0385

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.

Michael Orner  
Printed Name of the Person Filing

Michael Orner  
Signature of the Person Filing

**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 Department of State  
Custom European Woodworking Inc

SECOND: The document number of the corporation (if known): PO300007472

THIRD: The date dissolution was authorized: February 18, 04  
 Effective date of dissolution if applicable: N/A  
(no more than 90 days after dissolution file date)

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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)

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

Signature: Michael Orner  
(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)

MICHAEL ORNER  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)