

PD3000077968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

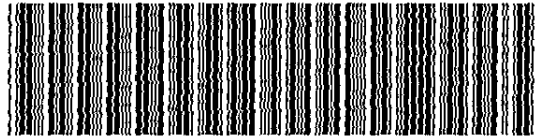
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/30/03--01015--013 **43.75

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03 JUL 30 PM 4:00
TALLAHASSEE, FLORIDA

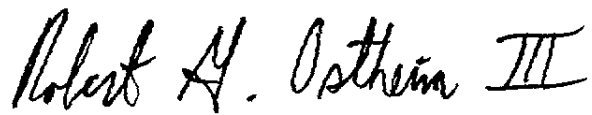
DISS
MAD 8/4

DATE: 07/28/03
TO: Division of Corporations
FROM: Robert G. Ostheim III
RE: *Filing Articles of Dissolution*

I have enclosed a \$ 43.75 check for the required fees (\$35 Articles of Dissolution and \$8.75 Certificate of Status).

My address and telephone number is: 320 Lakeview St. #213
Orlando, FL 32804
(407) 246-5012
(407) 739-4890

Please contact me if needed.

A handwritten signature in black ink that reads "Robert G. Ostheim III". The signature is written in a cursive style with a large, stylized "R" and "O".

Robert G. Ostheim III

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Haines City Chiropractic, INC.
519 Jones Ave., Haines City, FL 33844

SECOND: The filing date of the articles of incorporation was: July 15, 2003

THIRD: (CHECK ONE)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 28th day of July, 2003

Signature Robert G. Ostheim III

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Robert G. Ostheim III

(Typed or printed name)

President

(Title)

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