

PO30000 81344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

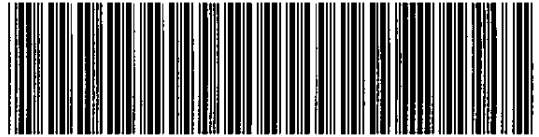
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400158728944

07/23/09--01006--015 \*\*35.00

VD / Inact

FILED

10 FEB 12 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts FEB 12 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2009

MIGUEL D. ZOTA  
9341 NW 38TH PL  
SUNRISE, FL 33351-5907 US

SUBJECT: ZOTA'S DESIGN-REMODELING, INC.  
Ref. Number: P03000081344

We have received your document for ZOTA'S DESIGN-REMODELING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 409A00025835

REC-1  
2010 FEB 12 AM 3:00  
TALLAHASSEE  
SECRETARY OF STATE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ZOTA'S DESIGN-REMODELING, INC.

**DOCUMENT NUMBER:** P03000081344

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

Please return all correspondence concerning this matter to the following:

MIGUEL D. ZOTA

(Name of Contact Person)

(Firm/Company)

9341 NW 38TH PL

(Address)

SUNRISE, FL 33351-5907

(City/State and Zip Code)

For further information concerning this matter, please call:

GLADYS MELENDEZ

(Name of Contact Person)

at ( 954 ) 962-8699

(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  
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 State:

ZOTA'S DESIGN-REMODELING, INC.

SECOND: The document number of the corporation (if known): P03000081344

THIRD: The file date of the articles of incorporation: 07/24/2003

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.

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.)

Miguel Zota

(Typed or printed name of person signing)

President

(Title of Person Signing)

FILED  
10 FEB 12 PM 2:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Filing Fee: \$35