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SECRETARY OF STATE
AHASSEE FLORIDA

The second

COVER LETTER

TO: Amendment Section Division of Corporations			
•	E Vitalife Cookware Inc.		
DOCUMENT NUMBER: <u>P03000082224</u>			
The enclosed Articles of Dissolution and fee	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Phett Lan	ton ntact Person)		
(Name of Co	ntact Person)		
(Firm/Company)			
4129 United Ave (Address)			
(Addr	ess)		
Mt. Dora FL	32757		
(City/State and Zip Code)			
For further information concerning this matter	, please call:		
Photo Lawton	at (352) 483 7600 (Area Code & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy Additional copy is enclosed) \$\$ Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314	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:			
	Vitalife Cookware, Inc.		
SECOND:	The document number of the corporation (if known): Po30000	82224	
THIRD:	The file date of the articles of incorporation: $\frac{7/25/2003}{}$		
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 die to the shareholders, if shares were issued.	stributed	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	OS SP	
	A majority of the incorporators authorized the dissolution.	是是	
	A majority of the directors authorized the dissolution.	N 23 PI TARYEE	
Sign	ature: Heather Party (By a director, president or other officer - if directors or officers have not been selected, by a	FILED BY 23 PM 12: 46 CRETARY OF STATE LLAHASSEE FLORIDA in incorporator	
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	, .	
	(Typed or printed name of person signing)		
	(Title of Person Signing)		
	(Title of Leison Signing)		

Filing Fee: \$35