103000094380

(Requestor's Name) (Address) (Address)	90074001709
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	05/04/0601048012 **52.50
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	Disser Motion

Office Use Only

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution
DOCUMENT NUMBER: PO300094380
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julie Williams, CEO (Name of Contact Person)
(Name of Contact Person)
the Gaf Zone of Central Florida, Inc.
(Firm/Company)
assers Star Dr
(Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Tulie Williams at (813 760-3907 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\bigcup \\$52.50 Filing Fee, 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

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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 Florida Department of State:
	The Golf Zone of Central Floric
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 04-01-00
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
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 existed S to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group) RAIE OR OR OR OR OR OR OR OR OR O
	· · · · · · · · · · · · · · · · · · ·
	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)
	(Typed or printed name of person signing)
	CEQ
	(Title of person signing)

Filing Fee: \$35

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:

Date of dissolution will be the date the dissolution is filled with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

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.

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