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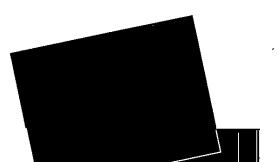


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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: PO 3000 14641
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donna Franklin (Name of Contact Person)
Franklin Custom Mantels Inc. (Firm/Company)
POBOX 2168 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (352) 347-5567 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Stiling Fee Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & 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 607.1403, 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:
	Frankin Custom Mantels, Inc.
SECOND:	0.0
THIRD:	The date dissolution was authorized: 12 31 2008
	Effective date of dissolution if applicable: 121208 (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 the shareholders through voting groups.
	was sufficient for approved by the shareholders. The humber of votes cast for dissolution was sufficient for approval. Dissolution was approved by 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
	The number of votes cast for dissolution was sufficient for approval by
	Danna Snanhlin/ Jeny Fnanhlin (voting group)
	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)
	Oice President (Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corpor	ration named below t	for resolution of payment of	of unknown claims
against this corporation as provided in s. 607.14	07, F.S.		

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: tranklin Custom Mantels, 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:
Voluntary Dissolution of Corporation
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
PO BOX 2168
Belleview FL 34421
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
Dona Franklin Printed Name of the Person Filing Signature of the Person Filing