

P03000132402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

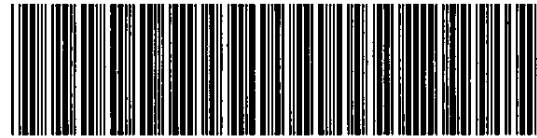
(Document Number)

Certified Copies _____ Certificates of Status _____

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AUTHORIZATION BY PHONE TO
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DATE _____
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04/28/06--01044--010 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -2 AM 9:10

Diss
P. 5/4/06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2006

ORRIN ADLER
8710 VISTA DEL BOCA DR
BOCA RATON, FL 33433

SUBJECT: BMA/OJA, INC.
Ref. Number: P03000132402

We have received your document for BMA/OJA, 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):

The wrong form was submitted to dissolve a Florida Profit Corporation. Please complete the enclosed form if it is your intention to dissolve your corporation.

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) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 106A00031757

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BMA/OJA, INC

DOCUMENT NUMBER: P03000132402

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

Please return all correspondence concerning this matter to the following:

ORRIN ADLEN
(Name of Contact Person)

(Firm/Company)

8710 VISTA DEL BOCA DR
(Address)

BOCA RATON, FL
(City/State and Zip Code)

For further information concerning this matter, please call:

ORRIN ADLEN at (561) 5588474
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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:

BMA/OILS, INC.

SECOND: The document number of the corporation (if known): P03 000 132 402

THIRD: The file date of the articles of incorporation: 11/14/03

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.)

ORRIN ADLER

(Typed or printed name of person signing)

TREASURER

(Title of Person Signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -2 AM 9:10

Filing Fee: \$35