

P03000134935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

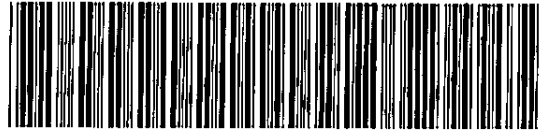
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300060655743

FILED
05 OCT 31 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 OCT 31 PM 11:35
DIVISION OF CORPORATE SERVICES

Miss
G. Ouellette OCT 31 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 657280 7408677

AUTHORIZATION :

Patricia Pizote

COST LIMIT : \$ 35.00

ORDER DATE : October 18, 2005

ORDER TIME : 9:47 AM

ORDER NO. : 657280-005

CUSTOMER NO: 7408677

DOMESTIC FILINGS

NAME: PIR PARTNERS INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT# 2935

EXAMINER'S INITIALS: _____

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:

PIR PARTNERS, INC.

SECOND: The document number of the corporation (if known): P03000134935

THIRD: The file date the articles of incorporation: 11/18/2003

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

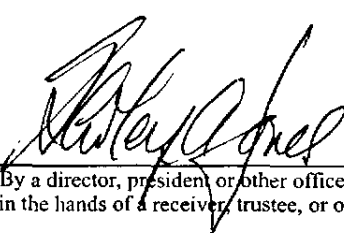
FIFTH: No debt of the corporation remains unpaid.

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.)

SHIRLEY A. JONES

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

FILED
05 OCT 31 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35