# P03000/37402

| (Re                                     | equestor's Name)   |           |  |  |
|---|--------------------|-----------|--|--|
| (Address)                               |                    |           |  |  |
| (Ac                                     | ddress)            |           |  |  |
| (Ci                                     | ty/State/Zip/Phone | e #)      |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Business Entity Name)                  |                    |           |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |
| <u>**</u> .                             |                    |           |  |  |

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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# **COVER LETTER**

| TO: Amendment Section Division of Corporations   |  |  |  |  |
|--|--|--|--|--|
| NAME OF CORPORATION: FRANK H   | HERNANDEZ CABINETS, INC.   |  |  |  |
| DOCUMENT NUMBER: P03000137   | 402  |  |  |  |
| The enclosed Articles of Revocation of Dissolut  | ion and fee are submitted for filing.  |  |  |  |
| Please return all correspondence concerning this   | matter to the following:   |  |  |  |
| MARITZA MADRAZO  |  |  |  |  |
| Name of (  | Contact Person   |  |  |  |
| FRANK HERNANDEZ CABINETS, INC  |  |  |  |  |
| Firm   | Company  |  |  |  |
| 4273 SW 161 PLACE  |  |  |  |  |
| Α  | ddress   |  |  |  |
| MIAMI, FL 33185  |  |  |  |  |
|  | and Zip Code   |  |  |  |
| BASILIO@BASFERACCT.COM  E-mail address: (to be used for future annual report notification) |  |  |  |  |
| For further information concerning this matter, p  | •  |  |  |  |
| MARITZA MADRAZO  | At (305 ) 310-8059   |  |  |  |
| Name of Contact Person   | Area Code & Daytime Telephone Number   |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |  |
| □ \$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status                              | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |  |  |  |
| Mailing Address:   | Street Address:  |  |  |  |
| Amendment Section Division of Corporations   | Amendment Section  |  |  |  |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2012

MARITZA MADRAZO FRANK HERNANDEZ CABINETS, INC. 4273 SW 161 PLACE MIAMI, FL 33185

SUBJECT: FRANK HERNANDEZ CABINETS, INC.

Ref. Number: P03000137402

We have received your document for FRANK HERNANDEZ CABINETS, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

. We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 912A00027005

#### **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** SUBJECT: FRANK HERNANDEZ CABINETS, INC P03000137402 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARITZA MADRAZO (Name of Contact Person) FRANK HERNANDEZ CABINETS, INC (Firm/Company) 4273 SW 161 PLACE (Address) MIAMI, FL 33185 (City/State and Zip Code) For further information concerning this matter, please call: MARITZA MADRAZO (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** 

Amendment Section

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

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Amendment Section

P.O. Box 6327

**Division of Corporations** 

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: FRANK HERNANDEZ CABINETS, INC  |  |  |  |
|---------|---|--|--|--|
| SECOND: | The document number of the corporation (if known): P03000137402   |  |  |  |
| THIRD:  | The date dissolution was authorized: 12/18/2012   |  |  |  |
|         | Effective date of dissolution if applicable: 12/31/2012  (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.   |  |  |  |
|         | 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   |  |  |  |
|         | manta madruzo   |  |  |  |
|         | (voting group)  (voting group)  (voting group)  (voting group)  |  |  |  |
| 1       | 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) |  |  |  |
|         | MARITZA MADRAZO   |  |  |  |
|         | (Typed or printed name of person signing)   |  |  |  |
|         | PRESIDENT   |  |  |  |
|         | (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 Corpo  | oration: FRANK HERNANI   | DEZ CABIN              | ETS, INC                                 |
|----------------|--|------------------------|--|
|                | ation will be the date the dissolution is a Articles of Dissolution. | filed with the Depar   | tment of State or as                     |
| Description of | information that must be included in a                               | claim:                 |  |
| N/A            |  |                        |  |
|                |  | ***                    | 4  |
|                |  |                        | ,  |
|                |  |                        |  |
|                |  |                        |  |
| Mailing addres | ss where claims can be sent: (Claims ca                              | nnnot be sent to the I | Division of Corporations)                |
|                | 4273 SW 161 PL   |                        |  |
|                | MIAMI, FL 33185  |                        |  |
|                |  |                        |  |
| •              |  |                        |  |
| A claim agains | t the above named corporation will be                                | harrad unlass a neco   | eeding to enforce the claim is commenced |
| within 4 years | after the filing of this notice.                                     | barred unless a proc   | eeding to enforce the claim is commenced |
|                |  |                        | $\wedge$ $\vee$                          |
| MARITZ         | A MADRAZO  |                        |  |
|                | Printed Name of the Person Filing                                    | · ·                    | Signature of the Person Filing           |

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