

P03000145416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

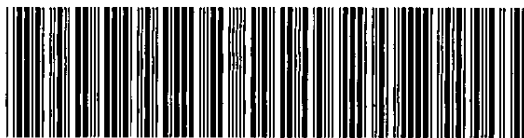
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

RECEIVED  
2009 JUN 24 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Masi Tile Inc

**DOCUMENT NUMBER:** PO 3000145416

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

Please return all correspondence concerning this matter to the following:

Michael A Masi  
(Name of Contact Person)

Masi Tile Inc  
(Firm/Company)

16332 Bonnevillle Dr  
(Address)

TAMPA FL 33624  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elisa Masi at ( 813 ) 960-7449  
(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:**  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2009

MICHAEL A. MASI  
16332 BONNEVILLE DR.  
TAMPA, FL 33624

SUBJECT: MASI TILE, INCORPORATED  
Ref. Number: P03000145416

We have received your document for MASI TILE, INCORPORATED and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 609A00005280



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2009

MICHAEL A. MASI  
16332 BONNEVILLE DR.  
TAMPA, FL 33624

SUBJECT: MASI TILE, INCORPORATED  
Ref. Number: P03000145416

We have received your document for MASI TILE, INCORPORATED and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

There is a balance due of \$10.00.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 209A00008307

## 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:

Masi Tile, Incorporated

SECOND: The document number of the corporation (if known): PD 3000145416

THIRD: The date dissolution was authorized: 12-01-2003

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 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

1 shareholder Michael A Masi PD  
(voting group)

Signature: Michael A Masi

(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)

Michael A Masi  
(Typed or printed name of person signing)

PD

(Title of person signing)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 JUN 29 PM 12: 59

Filing Fee: \$35