## P03000152640

(Re	questor's Name)	, ,
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(54.	omooo Emary Tta	
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only

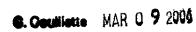


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## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOLUtion of C	orporation_	
SUBJECT: DISSOLUTION OF C DOCUMENT NUMBER: P03000152	640	
The enclosed Articles of Dissolution and fee are submitte	ed for filing.	
Please return all correspondence concerning this matter to	the following:	
Lita Joseph		
(Name of Contact Person	1)	
My \$9.99 Shoe Store, Inc		
(Firm/Company)		
4630 South Kirkman Rd #722	-	
(Address)		
Orlando, FL 32811		
(City/State and Zip Cod	le)	
For further information concerning this matter, please call	:	
Lita Joseph at ( 32°	1 ) 695-6866	
	ea Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
S35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& \bigcup \\$43.75 Filing Certified Co (Additional cenclosed)	ppy Certificate of Status &	
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:
	My \$999 Ship Store Inc
SECOND:	The document number of the corporation (if known): 10300015 3 640
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: 2/11/06 (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 of 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
	Z.
	(voting group)  LAHASSEE FLED  LOCATOR  LOCATOR
\$	(By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Lith Joseph (Typed or printed name of person signing)
	ProSident / owner

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 Corporation: 11 14 99 SNOC STORE 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:
Company wight out of Business. All Investment was lost.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
4630 S KIRKMan Rd # 722
ORlando FL 32811
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
1 1 2 21

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