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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: Renaissance Furniture Incorporated Dissolution DOCUMENT NUMBER: P04000018647 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dave Lawson (Name of Contact Person) Renaissance Furniture Incorporated (Firm/Company) 6982 South County Road 125 (Address) Macclenny, Florida 32063 (City/State and Zip Code) For further information concerning this matter, please call: Dave Lawson (Name of Contact Person) 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 Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 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:		
	Renaissance Furniture Incorporated		
SECOND:	The document number of the corporation (if known): P04000018647		
THIRD:	The date dissolution was authorized: April 6, 2010		
	Effective date of dissolution if applicable: April 6, 2010 (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 diswas sufficient for approval.	solution	
	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:	i	
	The number of votes cast for dissolution was sufficient for approval by		
	Voting amun)	nord of	
	(voting group)	*********	
	SEE, FLORID	E D	
	Signature: 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)		
	C. David Lawson		
	(Typed or printed name of person signing)		
	Director		
	(Title of person signing)		

Filing Fee: \$35