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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: JL HOME IMPROVEMENT INC
DOCUMENT NUMBER: P04000020224
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARITZA COLLAZO
(Name of Contact Person)
MASTER TAX SERVICE INC
(Firm/Company)
3846 CURRY FORD RD
(Address)
ORLANDO, FL 32806
(City/State and Zip Code)
For further information concerning this matter, please call:
MARITZA COLLAZO at (407) 896-7113 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

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:	
	JL.HOME IMPROVEMENT INC	
SECOND:	The document number of the corporation (if known): P0400020224	
THIRD:	The file date of the articles of incorporation: 01/29/2004	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	7
	The corporation has not commenced business.	1
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.	
Sign	ature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - in the tands of a receiver, trustee, br other court appointed fiduciary, by that fiduciary.)	if
	Juan C. Varquez (Typed or printed name of person signing)	
	President (Title of Person Signing)	

Filing Fee: \$35