F.01/02 JUL-25-20 Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H05000178542 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. c To: Division of Corporations : (850)205-0380 Fax Number From: ö Account Name : EMPIRE CORPORATE KIT COMPANY RECEIVEI Account Number : 072450003255 05 JUL 25 AM : (305)634-3694 Phone Fax Number : (305)633-9696 Ь -NB DISSOLUTION **CHONG CONSTRUCTION GROUP, INC** Certificate of Status Û Certified Copy 0 Page Count 02 **Estimated** Charge \$35.00 州北 28 206

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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 CHONG CONSTRUCTION GROUP, INC	of State:		
SECOND:	The document number of the corporation (if known): P-04000027414	·		
THIRD:	The date dissolution was authorized: 05/01/2005			
	Effective date of dissolution <u>if applicable</u> : 05/01/2005 (no more than 90 days after dissolution	file date)		
FOURTH:	JRTH: Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution		
	Dissolution was approved by of the shareholders through voting groups.			
	The following statement must be separately provided for each voting group et to vote separately on the plan to dissolve:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by			
	(vating group) Signed this 25 day of JULY 2005	TAN 0		
	Signed this 25 day of JULY , 2005 Signature: (By a director, president or other officer - if directors or officers have not been subceted, by an inteorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	FILED 5 JUL 25 AN 9: ECRETARY OF STAT LLAHASSEE FLORI		
		DA IO		
	(Typed or privled name of person signing)			
	CTICLE of person signing)			
	Filing Fee: \$35			

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