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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

Dissolution

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution of Corporation		
DOCUMENT NUMBER: PO 40000 28858		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MARY O. LAKABEL (Name of Person)		
· · · · · · · · · · · · · · · · · · ·		
[NSURANCE SKI]/S INSTITUTE (Name of Firm/Company)		
# 151 Hickory Stick Ct (Address)		
Debany FL 32713 (City/State/and Zip Code)		
(City/State/and Zip Code)		
For further information concerning this matter, please call:		
MANY LARABEZ at (386) 153 1180 (Name of Person) (Area Code & Daytime Telephone Number)		
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 (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399		

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: INSURANCE SKILLS INSTITUTE, INC. The document number of the corporation (if known): PO 4000028858 SECOND: The file date the articles of incorporation: $\frac{2}{12}$ THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: 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. Signed this <u>A9</u> day of <u>April</u> 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.) MARY O. LARABEL
(Typed or printed name of person signing) PRESIDENT
(Title of person signing)

Filing Fee: \$35