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SECRETARY OF STATE OF COMPORATIONS

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COVER LETTER

TO: Amendment Section

MAILING ADDRESS:

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section

Division of Corporations
SUBJECT: Classic Building Products INC
DOCUMENT NUMBER: P04.0000 31780
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph & IACIOFOL, VR
(Name of Contact Person)
Joseph E IACIOFOLI JE PA
(Firm/Company)
5470 <u>MAULE</u> WAY (Address)
West Palm Beh Florida 33407 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status} \text{Certified Copy (Additional copy is enclosed)} \text{Certified Copy (Additional copy is enclosed)} \text{Certified Copy is enclosed}

STREET ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following article of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department	
	Classic Building PRODUCTS IN	10
SECOND:	Classic Building Products IN The document number of the corporation (if known): Po4 00003	1780
THIRD:	The date dissolution was authorized: $\frac{12/31/2007}{}$	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	n file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	l for dissolutior
	☐ Dissolution was approved by the shareholders through voting groups.	
•	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled
	The number of votes cast for dissolution was sufficient for approval by	
	08	DIVIS
	(voting group)	FILE SIDN OF CO
	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)	ED OF STATE RPORATIONS
	ROBERT J. JARRIEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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: CIASSIC QUILDING PROBUCTS 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:
ORIGINAL INVOICE
ORIGINAL INVOICE PURCHAGE DRIVER
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
- 6/0 P.O. BOX 16345
West falm Beach 16 334 16-6245
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.
Parent Trainer

Printed Name of the Person Filing

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