

PD400003209/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

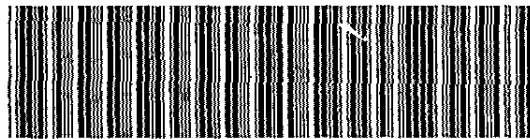
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800087076088

02/02/07--01040--011 **45.00

DSS / Net-9

FILED
07 FEB -2 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: YOUNG CIRCLE TOBACCO SHOP INC.

DOCUMENT NUMBER: P04000032091

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FILED
 07 FEB - 2 PM 14: 06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

MARIA FLORES

(Name of Person)

YOUNG CIRCLE TOBACCO SHOP INC.

(Name of Firm/Company)

1940 MADISON STREET APT # 4

(Address)

HOLLYWOOD, FLORIDA 33020

(City/State/and Zip Code)

For further information concerning this matter, please call:

ARTHUR BARBER JR

(Name of Person)

at (**305**) **538-7466**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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:
YOUNG CIRCLE TOBACCO SHOP INC.

SECOND: The document number of the corporation (if known): **P04000032091**

THIRD: The file date the articles of incorporation: **02/12/2004**

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

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.

Signed this **25TH** day of **MAY**, 2005

Signature:

[Handwritten 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.)

MARIA FLORES

(Typed or printed name of person signing)

PRESIDENT

[Handwritten Signature]
(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: YOUNG CIRCLE TOBACCO SHOP 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:

DUE TO EXCAVATION OF SAID PROPERTY BUSINESS
LOCATION AS ORDER BY THE CITY OF HOLLYWOOD OUR
BUSINESS OPERATION IS FORCED TO CLOSE ITS BUSINESS.
AS A RESULT OF A NON-OPERATING BUSINESS WE ARE ALSO
FORCE TO DISOLVE ALL CORPORTE OPERATIONS.

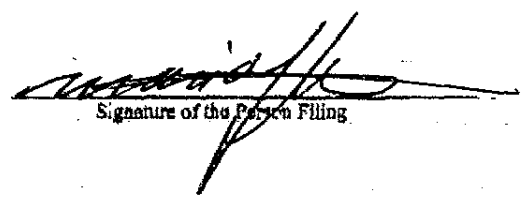
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1940 MADISON STREET APT # 4
HOLLYWOOD , FLORIDA 33020
C/O MARIA FLORES

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.

MARIA FLORES

Printed Name of the Person Filing



Signature of the Person Filing