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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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# **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Articles of Dissolution
DOCUMENT NUMBER: P0400035334
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bruce Carter/Johanna Carter (Name of Contact Person)
t xercise for Life, Inc.
(Firm/Company)
1135 Tienwood Ct.
(Address)  Weston, FL 33326-29097  (City/State and Zip Code)  For further information concerning this matter, please call:
(City/State and Zip Code)
(City/State and Zip Code)  For further information concerning this matter, please call:
Johanna Carter at (954) 465-9959  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2007

BRUCE CARTER/JOHANNA CARTER \*\*\*2ND MAILING EXERCISE FOR LIFE, INC.
1135 GLENWOOD CT.
WESTON, FL 33326-2907

SUBJECT: EXERCISE FOR LIFE, INC.

Ref. Number: P04000035334

We have received your document for EXERCISE FOR LIFE, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 007A00030579

## ARTICLES.OF DISSOLUTION

Fursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:  Exercise for Life, Inc.
SECOND:	The document number of the corporation (if known): P0400035334
THIRD:	The date dissolution was authorized: 10/31/06
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
,	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	majority-only 2 officers
	Signature:  (By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Vice President (Title of person signing)
	( * **** or baroott addressed)

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: Exercise for Life, 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:
N/A
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1135 Flenwood Ct
Deston, Fl 33226
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.
Johanna Carter Johanna Cartos,
Printed Name of the Person Filing  Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00