## P0400070365

| (D.                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (178                    | equestor's Name)   |             |
| (Ac                     | ldress)            |             |
|                         |                    |             |
| (Ac                     | ldress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
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|                         |                    |             |
|                         | Office Use On      | dv          |



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FILED
2001 OCT 22 AM 9: 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution

TB 10-25-07

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |  |
|---|--|--|
|   |  |  |
| SUBJECT: Dissolution  |  |  |
|   |  |  |
| DOCUMENT NUMBER: P 04 0000 70365  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |
| GLENHART DIEP VOLE  |  |  |
| GLENHART DIEP VOLE  (Name of Contact Person)  |  |  |
| MAIL COMPLIES TOTALISTANAI INO  |  |  |
| NAILS SUPPLIES INTERNATIONAL INC<br>(Firm/Company)  14391 N. State Road 7  (Address)  |  |  |
| राज्यस्थापुर के प्राप्तकृति   |  |  |
| N. State Road 7   |  |  |
| (Address)   |  |  |
| Laud Lake FL 33319  |  |  |
| Laud Lake, FL 33319 (City/State and Zip Code)   |  |  |
| For further information concerning this matter, please call:  |  |  |
| Gleropait Dien Veloat (561) 801 2008  |  |  |
| (Name of Contact Person) (Area Code & Daytime Telephone Number  |  |  |
| Enclosed is a check for the following amount:   |  |  |
| \$35 Filing Fee \$\bigs\square \text{\$\square} \square \square \text{\$\square} \square \text{\$\square} \square \text{\$\square} \square \text{\$\square} \square \text{\$\square} \square \square \text{\$\square} \square \text{\$\square} \square \text{\$\square} \square \text{\$\square} \square \text{\$\square} \square \square \text{\$\square} \square \text{\$\square} \square \text{\$\square} \square \text{\$\square} \square \text{\$\square} \square \square \text{\$\square} \square \text{\$\square} \square \text{\$\square} \square \text{\$\square} \square \text{\$\square} \square \square \text{\$\square} \square \text{\$\square} \square \$\s |  |  |
| MAILING ADDRESS: *  |  |  |
| Amendment Section Amendment Section   |  |  |
| Division of Corporations P.O. Box 6327 Clifton Building   |  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle  |  |  |
| Tallahassee, FL 32301   |  |  |

## 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 State:  |  |  |
|---------|---|--|--|
|         | MAILS SUPPLIES INTERNATIONAL INC.   |  |  |
| SECOND: | The document number of the corporation (if known): Po-4 0000 70365  |  |  |
| THIRD:  | The date dissolution was authorized: 09/30/2007   |  |  |
|         | Effective date of dissolution if applicable: 09 30 2007 (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:  |  |  |
|         | to vote separately on the plan to dissolve:  The number of votes cast for dissolution was sufficient for approval by  The number of votes cast for dissolution was sufficient for approval by                     |  |  |
|         | (voting group)  |  |  |
|         | (voting group)  (voting group)  C   |  |  |
| S       | Signature: LENMANTO   |  |  |
|         | (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) |  |  |
|         | GLENHART DIEP VOLE  |  |  |
|         | (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. SUPPLIES INTERNATIONAL INC Name of Corporation: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Florida Unemployment Dept of Revenue Florida Department of State 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. GLENHART DIEP VOLE
Printed Name of the Person Filing