P04000070529

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



900061063239

11/83/05--01039--005 **35.00

05 NOV -2 PH 12: LB
SECRETARISTED STATE

Diss Sp



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 25, 2005

Wayne Wilt, CFP, EA Brooks & Wilt 450 N Park Rd 710 Hollywood, FL 33021

SUBJECT: CITY GENTS RESTORATION SERVICES, INC

Ref. Number: P04000070529

We have received your document for CITY GENTS RESTORATION SERVICES, INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 105A00064649

RECEIVED
05 NOV -2 AM 8: 00
ALISION OF CONTOCALISM

TRANSMITTAL LETTER

TO:		nent Section of Corporations			
eun r	ect.	ARTICLES OF D	ISSOLUTION		
OOB)	ECT:				
DOCU	UMENT N	p040000 UMBER:	70529		
The en	iclosed Ari	ticles of Dissolution and	fee are submitted i	for filin	g.
Please	return all o	correspondence concerni	ng this matter to the	e follow	ring:
		Wayne Wilt, CF	P, EA		
		(Name of	Person)		
) c		Brooks & Wilt		954	-855-6FOB
05 0CT 24, AM 8: 00		(Name of 450 N Park Rd 7	Firm/Company) 710		
7	- (1) - 英		(Address)		- · · · · · · · · · · · · · · · · · · ·
020	,	Hollywood FL 33	3021		
		(City/	State/and Zip Code	e)	
For fur	ther inform	nation concerning this ma	atter, please call:		
			at (`	
	· · · · · · · · · · · · · · · · · · ·	(Name of Person)	at ((Area Cod	_ <i>/</i> le & Da	ytime Telephone Number)
Enclose		ck for the following amou			,
3 \$35]	Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing I Certified Copy (Additional copy 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			Ame Divis 409 F	MET ADDRESS: Industrial industria	

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 Department of State: CITY GENTS RESTORATION SERVICES, INC.
SECOND:	The document number of the corporation (if known): P04000070529
THIRD:	The date dissolution was authorized: 10-18-05
	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 of 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
	(voting group)
	Signed this 20th day of October , 2005
Signati	(By a director, president or other officer-indirectors 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)
	Paul Priestley
	(Typed or printed name of person signing)
	President AH NOV
	(Title of person signing)
	Filing Fee: \$35