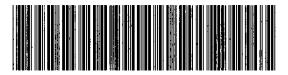
P04000072333

(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:	

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COVER LETTER

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TO: Amendment Section

- Division of Corporations	
SUBJECT: DISSOL	UTTON OF CERPORATION
DOCUMENT NUMBER: Ρ	04-000072333
The enclosed Articles of Dissolution and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
FINNBARR P	
(Name of C	ontact Person)
(Firm	(Company)
7777 N. Wickham	15-311
(Ad	dress)
Melbourne, Fl	32940.
(City/State	and Zip Code)
For further information concerning this matter	er, please call:
(Name of Contact Person)	at (321) 604 - 5753
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	t:
\$35 Filing Fee \$\bigs\tag{\$43.75 Filing Fee & Certificate of Status}	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$\sum \\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
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

ARTICLES OF DISSOLUTION

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

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FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	REILLY - HARRIGAN CHPANY
SECOND:	The document number of the corporation (if known): PO400072333
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: January 15t 2010 (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
	(voting group)
	Signature: Finnboon P. Murphy
	(By a director, president or other office—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)
	FINNBARR P. MURPHY
	(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.

. . . .

REILLY- HARRIGAN COMPANY 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: FULL DETAILS OF CLAIM INCLUDING CONTRACT SIGNED BY OFFICIES OF REILLY - HARRIGAN COHPANY Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) N. Wickham Rd 412-311 MELBOURNE FL 32940 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. FINNBARR P. MURPHY Printed Name of the Person Filing

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