

P04000073442

(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



800067773718

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FILED
2006 MAR 16 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miss w/NOT.

6. Coulliette MAR 23 2006



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are forms for filing **Articles of Dissolution** to dissolve a **Florida profit** corporation.

SUBMIT ONLY ONE FORM

Section 607.1401, Florida Statutes, provides for the dissolution of a corporation that has not issued shares or commenced business.

Section 607.1403, Florida Statutes, provides for the dissolution of a corporation that has issued shares.

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

NOTE: A **Notice of Corporate Dissolution** form is attached. This notice pursuant to s. 607.1407, F.S. is optional and is not required when filing a dissolution. No additional fee is required if it is included.

FEES:

Articles of Dissolution	\$ 35.00 (includes a letter of acknowledgment)
Certified Copy (optional)	\$ 8.75
Certificate of Status (optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may contact the Amendment Section at (850) 245-6050.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DATA RECOVER CLINIC. COM, INC

DOCUMENT NUMBER: P04000073442

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

Please return all correspondence concerning this matter to the following:

VICTORIA STANKARD

(Name of Contact Person)

DATA RECOVERY CLINIC. COM, INC

(Firm/Company)

3114 BISHOPS DRIVE

(Address)

SAFETY HARBOR, FL 34695

(City/State and Zip Code)

For further information concerning this matter, please call:

VICTORIA STANKARD

(Name of Contact Person)

at (727) 642-5521

(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, 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:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

DATA RECOVERY CLINIC. COM, INC

SECOND: The document number of the corporation (if known): P04000073442

THIRD: The date dissolution was authorized: AUGUST 15, 2005

Effective date of dissolution if applicable: AUGUST 15, 2005

(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)

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)

Vickoria Stomka
(Typed or printed name of person signing)

president
(Title of person signing)

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TALLAHASSEE, FLORIDA

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: DATA RECOVERY CLINIC. COM, 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:

COPIES OF INVOICES OR OTHER DOCUMENTS THAT GIVE RISE TO
THE CLAIM

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

VICTORIA STANKARD

3114 BISHOPS DRIVE

SAFETY HARBOR, FL 34695

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.

Victoria Stankard
Printed Name of the Person Filing

Victoria Stankard
Signature of the Person Filing

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