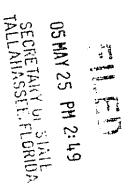
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(Requestor's Name)
- LOSE MORE 29 5645 Saudish DR B Lutz 12 33558
V *** .
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PICK-UP WAIT MAIL
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(Business Entity Name)
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VOLDS -

COVER LETTER

TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: Dissolution of Company
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tose Monena (Name of Person)
(Name of Person) Oorst TILE Inc (Name of Firm/Company)
(Name of Firm/Company)
5645 SAILFISH DR, LUTZ Fl (Address)
(City/State/and Zip Code)
For further information concerning this matter, please call:
Tose Monera at (813) 968-3144 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

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:
	CORAL TILE INC	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized: 4-10-05	
	Effective date of dissolution if applicable: 5-8-05 (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 f was sufficient for approval. Dissolution was approved by of the shareholders through voting groups. The following statement must be separately provided for each voting grouped to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by	05萬%
	(voting group)	
	Signed this 8 day of MAY , 2005.	
	Signature: (By a tirector, 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)	
	Tose MoRERA (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.

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:

I do not have any claim. The reason)
fordissolution is because I Amgoing towork for a Company.	<u> </u>
Lowork for A ComPANY.	
Thank yow.	

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

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.

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