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(Requestor's Name)			
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(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations RECEIVED DEPT OF REVENUE				
SUBJECT: Cope Compriser Refusion 15 PH 3: 27				
DOCUMENT NUMBER: PO 4000112444				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jonathan W. Bailey, Sr. (Name of Person)				
(Name of Person) Cape Computer Repair, Inc. (Name of Firm/Company) 219 MW 15th Terrace (Address)				
219 NW 15th Terrace				
Cape Coral, FL 33993 (City/State/and Zip Code)				
For further information concerning this matter, please call:				
Jon Briley, Sr. at (239) 823-8443 (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:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399				

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 St	ate:
	Cape Computer Repair, Inc.	
SECOND:	The document number of the corporation (if known): PO4000 1126	14
THIRD:	The file date the articles of incorporation: $\frac{8/2/2004}{}$	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	05 SE(
	The corporation has not commenced business.	器器 1000
FIFTH:	No debt of the corporation remains unpaid.	ED.
SIXTH:	No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	ILED 6 24 MII: 45 ASSEEFLORIDA
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Si	igned this 11 day of August, 2005.	
Signa	(By a director, president or other officer - if directors or officers have not been selected, by an incorpor in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	ator - if
	Jonathan W. Bailey Sc. (Typed or printed name of person signing)	
	Prasident	

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: 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. Signature of the Person Filing

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