

P04000113519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

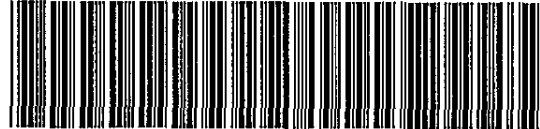
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FILED
2005 APR 28 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution
LF
5-5-05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF SONIA RIVAS INC.

DOCUMENT NUMBER: P 04000113519

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

Please return all correspondence concerning this matter to the following:

SONIA RIVAS
(Name of Person)

SONIA RIVAS INC.
(Name of Firm/Company)

8290 SW 9TH ST.
(Address)

N. LAUDERDALE, FL. 33068
(City/State/and Zip Code)

For further information concerning this matter, please call:

SONIA RIVAS at (954) 736-8229
(Name of Person) (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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, 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 State:

SONIA RIVAS, INC.

SECOND: The document number of the corporation (if known): P04000113519

THIRD: The file date the articles of incorporation: 08/03/04

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 26 day of APRIL, 2005.

Signature: Sonia Rivas

(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.)

SONIA RIVAS

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA