

P04000114663

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(Business Entity Name)

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DC



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 27, 2005

MICHAEL P. RUIZ  
12255 S.W. 45TH STREET  
MIAMI, FL 33175

SUBJECT: FORCED INDUCTION SPECIALISTS INC.  
Ref. Number: P04000114663

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Document Specialist

Letter Number: 405A00048921

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FORCED INDUCTION SPECIALISTS INC.  
ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: P04000114663

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

Please return all correspondence concerning this matter to the following:

MICHAEL P RUIZ  
(Name of Person)

12255 SW 45 ST  
(Name of Firm/Company)  
(Address)

MIAMI FL 33175  
(City/State/and Zip Code)

For further information concerning this matter, please call:

MICHAEL RUIZ at (786) 299-3022  
(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

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DOCUMENT DISSOLUTION

**DOCUMENT NUMBER:** P 0 4 0 0 6 1 1 4 6 6 3

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

Please return all correspondence concerning this matter to the following:

MICHAEL RUIZ  
(Name of Contact Person)

FORCED INDUCTION SPECIALISTS  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL P RUIZ at (305) 392 5087  
(Name of Contact 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)

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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:  
FORCED INDUCTION SPECIALISTS INC.

SECOND: The document number of the corporation (if known): P0400 0114663

THIRD: The date dissolution was authorized: 08/05/2004

Effective date of dissolution if applicable: 08/05/2004  
(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)

Michael P. Ruiz

(Typed or printed name of person signing)

Director

(Title of person signing)

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DIVISION OF CORPORATIONS  
05 OCT 17 PM 4:28

Filing Fee: \$35