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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: DISSOLUTION of CORPORATION		
DOCUMENT NUMBER: PO400121492		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
TIMOTHY J. GAFFNEY (Name of Person)		
SPEARPOINTE INC (Name of Firm/Company)		
1170 SW 24th AVENUE (Address)		
BOYNTON BEACH, FL 33426 (City/State/and Zip Code)		
For further information concerning this matter, please call:		
Timothy J. Gaffney at (561) 281-5624 (Name of Person) Area Code & Daytime Telephone Number	r)	
Enclosed is a check for the following amount:		
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy is enclosed) (Additional copy is enclosed) (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 607.1403, Florida Statutes, this Florida profit corporation submits the 1010

of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State: SPEARPOINTE, INC. The document number of the corporation (if known): POLOOD 121492 SECOND: The date dissolution was authorized: ______06/30/05 THIRD: Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Adoption of Dissolution (CHECK ONE) FOURTH: 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) Signed this Signature: By a director, p r other officer - if directors or officers have not been selected, by an incorporator ids of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) (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.

Name of Corporation: SPEARPOINTE, 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:
FULL NAME ADDRESS AND TELEPHONE NUMBER
OF CLAIMANT, ALDAG WITH A DETAILED AND
NOTARIZED DESCRIPTION OF CLAIM BEING
MADE.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1170 SW 24 th AUERUE BOURTON BEACH, FL 33426
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. The thing of the Person Filing Printed Name of the Person Filing Signature of the Person Filing

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