04000141771

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: K & L Investments Inc.5000061957 DOCUMENT NUMBER: PO 4000 141771 The enclosed Articles of Revocation of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Dennis Krass** Name of Contact Person K & L. Investments Inc. Firm/Company 6847 nw 24th Way Address Fort Lauderdale, FL 33309 City/State and Zip Code dikrass@bellsouth.met E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Dennis Krass** Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Fee, \$43.75 Filing Fee & Certificate of Status & Certificate of Status Certified Copy florion Dept. of State Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) Mailing Address: **Street Address: Amendment Section** Amendment Section **Division of Corporations Division of Corporations Clifton Building** P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2011

DENNIS LRASS K & L INVESTMENTS, INC. 6847 NW 24TH WAY FT LAUDERDALE, FL 33309

SUBJECT: K & L INVESTMENTS, INC.

Ref. Number: P04000141771

We have received your document for K & L INVESTMENTS, INC. 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):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 611A00011790

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ECRETARY OF STATE
ALLAHASSEE, FLORID

www.sunbiz.org

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: Corporation Dissolution. | | | |
| DOCUMENT NUMBER: PO 4000 14177] | | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Dennis Krass (Name of Contact Person) K-L Investmenti Inc. | | | |
| (Name of Contact Person) | | | |
| K-L Investmenti Inc. | | | |
| (Firm/Company) | | | |
| 6847 NW 24 Way (Address) | | | |
| fort Lander Vale FL 33309 (City/State and Zip Code) | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Dennis Krass at (954) 684 5915 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | |
| \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) | | | |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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: |
|---------|---|
| SECOND: | The document number of the corporation (if known): Po 4000 14177] |
| THIRD: | The date dissolution was authorized: way 12,201 |
| | Effective date of dissolution <u>if applicable:</u> (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 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 |
| | T 18 joy |
| | (voting group) |
| | (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) |
| | Tyrectur. MARCIA Lafond (Typed or printed name of person signing) |
| | Directur |
| | (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: Kr L Investments 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: |
| |
| |
| |
| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| 6847 NW 24th Way |
| fort Lander Rale fl 33309 |
| |
| |
| A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice. |
| WHOO Signature of the Person Filing Signature of the Person Filing |
| Printed Name of the Person Filing Signature of the Person Filing |