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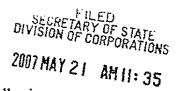
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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION OF C	M.REEVES INC
DOCUMENT NUMBER: PØ4ØØ	Ø159Ø26
The enclosed Articles of Dissolution and fee are sub	mitted for filing.
Please return all correspondence concerning this mate	ter to the following:
CHRISTOPHER M.	
(Name of Contact P	erson)
	eves Inc.
(Firm/Compar	ly)
411S NE	24th Street
(Address)	
HOMESTEAS) FL 33Ø33
(City/State and Zip) FL 33033 (code)
For further information concerning this matter, please	e call:
CHRISTOPHER M. REEVES at ((Name of Contact Person)	786 <u>266-1995</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ed Copy Certificate of Status & conal copy is Certified Copy
MAILING ADDRESS: 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 Tallahassec, FL 32301

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:	
	C.M. REEVES INC.	
SECOND:	The document number of the corporation (if known): PØ4ØØ159Ø26	
THIRD:	The file date of the articles of incorporation: NOVEMBER 22, 2004	
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.		
Sign	(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.)	
	CHAISTOPHEA M. REEVES (Typed or printed name of person signing)	
	DIRECTOR CEO (Title of Person Signing)	

Filing Fee: \$35