

105000005249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

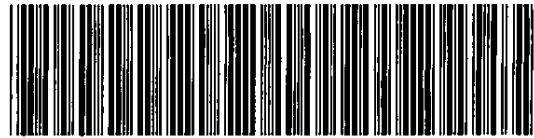
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DCC/02



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2006

DIANE CARRFLL
DENTAL TEMPS OF NORTH FLORIDA INC.
159 IVERNIA LOOP
TALLAHASSEE, FL 32312

SUBJECT: DENTAL TEMPS OF NORTH FLORIDA INC.
Ref. Number: P05000005249

We have received your document for DENTAL TEMPS OF NORTH FLORIDA INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6880.

Karen Gibson
Document Specialist

Letter Number: 806A00039790

*I hope this is all you need - Thanks
for the help - 385 8109
Diane Carroll*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolving Corp.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Diane Carroll

(Name of Contact Person)

Dental Temps of North Florida Inc.

(Firm/Company)

159 Skerria Loop

(Address)

Tallahassee FL 32312

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Carroll

(Name of Contact Person)

at (

800 445 3118

(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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

Dental Temp's of North Florida Inc.

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

THIRD: The file date of the articles of incorporation: Mar '05 - started

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.

Signature: _____

Diane Carroll

(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.)

Diane Carroll

(Typed or printed name of person signing)

owner

(Title of Person Signing)

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TALLAHASSEE, FLORIDA

Filing Fee: \$35