## P05000005862

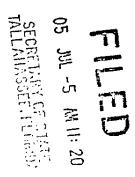
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
Division of Corporations		
SUBJECT: Compuplus Benefits, Inc	And the state of t	
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DOCUMENT NUMBER: P0500005862	The state of the s	
The enclosed Articles of Dissolution and fee are submitted for	filing.	
Please return all correspondence concerning this matter to the f	following:	
Arthur J. Johnson	<b>建成化物质 医水杨素 医水杨素 </b>	
(Name of Person)		
(Name of Firm/Company)		
7200 12th Avenue		
(Address)	The state of the s	
St Petersburg, Florida 33710	DEMONSTRATE HIS TAKE THE TAKE	
(City/State/and Zip Code)		
For further information concerning this matter, please call:		
Arthur Johnson at (813	254-1852	
(Name of Person) (Area Co	de & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	e &\$52.50 Filing Fee,	
Certificate of Status Certified Copy	Certificate of Status &	
(Additional copy : enclosed)	is Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
	Amendment Section	
	Division of Corporations 409 E. Gaines Street	
	Tallahassee, Florida 32399	



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 25, 2005

ARTHUR J. JOHNSON 7200 12TH AVE., N ST. PETERSBURG, FL 33710

SUBJECT: COMPUPLUS BENEFITS, INC

Ref. Number: P05000005862

We have received your document for COMPUPLUS BENEFITS, 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

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) 245-6908.

Letter Number: 805A00037769

Anna Chesnut Document Specialist

## 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:
	Compuplus Benefits, Inc
SECOND:	The document number of the corporation (if known): P0500005862
THIRD:	The file date the articles of incorporation: 01/12/2005
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.
S	igned this 25th day of May 2005
Sign	acture:  (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, true to, or other court appointed fiduciary, by that fiduciary.)
	Arthur Johnson (Typed or printed name of person signing)
	Resident Agent (Title of person signing)

Filing Fee: \$35