

P05000035793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

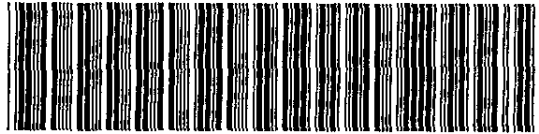
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/14/06--01019--005 **25,02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 25 10 03

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

DOCUMENT NUMBER: PO5000035793

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

Please return all correspondence concerning this matter to the following:

Constance R. Boivin
(Name of Contact Person)

Dream Biz Inc.
(Firm/Company)

1725 Landfair Ave.
(Address)

Deltona, FL 32738
(City/State and Zip Code)

For further information concerning this matter, please call:

Connie Boivin at (386) 944-0060
(Name of Contact Person) (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)
- #25 already submitted
\$10 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2006

CONSTANCE BOIVIN
1725 LANDPAIR AVE.
DELTONA, FL 32738

SUBJECT: DREAMBIZ, INC.
Ref. Number: P05000035793

We have received your document for DREAMBIZ, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted. Enclosed is the proper form with instructions for filing.

The filing fee for Articles of Dissolution is \$35.00, there is a balance of \$10.00 due when the corrected document is returned.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 506A00019581

*Not sure which doc you needed so
I have attached all documents and
additional Check.*

06 APR 26 AM 8:00

RECEIVED

*Connie Borvin
Tel. 386-944-0060*

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:

Dream5IZ, Inc.

SECOND: The document number of the corporation (if known): 905000035798

THIRD: The file date the articles of incorporation: 3/8/05

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: Constance R. Boivin

(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.)

Constance R. Boivin
(Typed or printed name of person signing)

President
(Title of Person Signing)

Filing Fee: \$35

FILED
APR 25 11:05:53
CLERK OF STATE
TALLAHASSEE, FLORIDA