P050000390016

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02/01/13--01004--016 **35.00

mactive Corp



2/4/13

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: CORPORATE D	ISSOLUTION		
DOCUMENT NUMBER: P05000	039026		
The enclosed Articles of Dissolution and f	ee are submitted for ming	3.	
Please return all correspondence concernin	g this matter to the follow	ving:	
MAURICE ALTMAN			
(Name of Contact Person)			
MAURICE ALTMAN PA			
(Firm/Company)			
10455 BERMUDA DR		** * *	
(Address)		(10°) 12	
HOLLYWOOD FL 33026		ئد ئر	
(City/Sta	te and Zip Code)		
For further information concerning this ma	tter, please call:		
MAURICE ALTMAN	_{at (} 954) 3	47-1523 Daytime Telephone Number)	
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)	
Enclosed is a check for the following amou	int;		
\$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:	STRE	CET ADDRESS:	
Amendment Section		ndment Section	
Division of Corporations P.O. Box 6327		on of Corporations	
Tallahassee, FL 32314		Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to s of dissolutio	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles in:			
FIRST:	The name of the corporation as currently filed with the Florida Department of State: MAURICE ALTMAN P.A.			
SECOND:	The document number of the corporation (if known): P0300039026			
THIRD:	The date dissolution was authorized: U1/23/2013			
	Effective date of dissolution if applicable: 01/31/2013 (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			
	(voting group)			
	MANN			
	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)			
	MAURICE ALTMAN PA			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(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: MAURICE ALTMAN PA				
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .				
Description of information that must be included in a claim:				
NAME				
ADDRESS				
PHONE NUMBER				
DATE AND DESCRIPTION OF SERVICE PROVIDED				
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)				
10455 BERMUDA DR				
HOLLYWOOD FL 33026				
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.				

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

MAURICE ALTMAN

Printed Name of the Person Filing