## 105000093631

, (	(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:						
:	:					





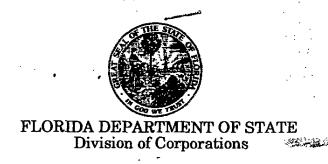
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June 13, 2008

BARRY DESPIRITO SOUTH FLORIDAS KITCHEN & BATH 111 5TH ST - C-2 FORT MYERS, FL 33907

SUBJECT: SOUTH FLORIDA'S KITCHEN & BATH, INC.

Ref: Number: P05000093631

We have received your document for SOUTH FLORIDA'S KITCHEN & BATH, 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.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 808A00036361

SECRETARY OF STATE FALLEMHASSEE, FLORIDA

2008 HW 8: 00

RECEIVED

## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: ARTICLES OF DISSOLUTION.
DOCUMENT NUMBER: 604289 7000 78.
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BARRY DESPIRATION . (Name of Contact Person)
South Flozida's Kitcheut BATH. (Firm/Company)
3800 Fowler ST. SES. (Address)
·
Foret Myers Fl. 3390/- (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
BATARY Despirato at (239) 810-1646- (Mame of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy  (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:						
	SOUTH FLORIDA'S KITCHEUTBATH, IN	N					
SECOND:	The document number of the corporation (if known):	~					
THIRD:	The date dissolution was authorized: 4-16-08.	·					
	Effective date of dissolution if applicable: 4-23-08.  (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.	1					
	Dissolution was approved by the shareholders through voting groups.						
	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)						
	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)						
	BATZIEY DESPIPE TO						
	ower !!						
	(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 Corpora	tion: <i>Social</i>	TH Flo	RIDA'S	Kitch	140+1	BATH,	AN
	on will be the date rticles of Dissolut		s filed with the D	epartment of St	ate or as	,	
Description of in	formation that mus	st be included in	a claim:				
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<del>-</del>			, • •				
	he above named or er the filing of thi		e barred unless a	proceeding to	enforce the claim	is commence	ed