## P05000099445

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | MAIT               | MAIL      |
| (Bu                     | siness Entity Nar  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer;    |           |
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AHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section

| Division of Corporations                                                                        |                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: A Flair for Trav                                                                       | el. Inc.                                                                                                                                                                  |
| DOCUMENT NUMBER: PO5000                                                                         | 99 445                                                                                                                                                                    |
| The enclosed Articles of Dissolution and fee ar                                                 | e submitted for filing.                                                                                                                                                   |
| Please return all correspondence concerning this                                                | s matter to the following:                                                                                                                                                |
| G. H. Almag<br>(Name of Com                                                                     | act Person)                                                                                                                                                               |
| (Firm/Co                                                                                        | mpany)                                                                                                                                                                    |
| 10149 Foxhurst                                                                                  | Cairt ss)                                                                                                                                                                 |
| Orlando FL 3 (City/State and                                                                    | o 2836<br>ad Zip Code)                                                                                                                                                    |
| For further information concerning this matter,                                                 |                                                                                                                                                                           |
| Getty Almaquer (Name of Contact Rosson)                                                         | at ( <u>YO)</u> <u>343 -0203</u><br>(Area Code & Daytime Telephone Number)                                                                                                |
| Enclosed is a check for the following amount:                                                   |                                                                                                                                                                           |
| (A                                                                                              | 43.75 Filing Fee & S52.50 Filing Fee, certified Copy Additional copy is cnclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is cnclosed) |
| 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 607.1403, 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:                                                                                                                                         |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | A Flair for Travel , Inc.                                                                                                                                                                                                    |
| SECOND: | The document number of the corporation (if known): P0500099445                                                                                                                                                               |
| THIRD:  | The date dissolution was authorized: December 26 7007                                                                                                                                                                        |
|         | Effective date of dissolution if applicable: December 31 7007  (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                                                                                                                                                      |
|         | SECO<br>ALL                                                                                                                                                                                                                  |
|         | (voting group)                                                                                                                                                                                                               |
|         | SSE SEE                                                                                                                                                                                                                      |
|         | 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, rustee, or other court appointed fiduciary, by that fiduciary) |
|         | Getty m. Almaquer (Typed or printed name of person signing)                                                                                                                                                                  |
|         | Tresident (Title of person signing)                                                                                                                                                                                          |

Filing Fee: \$35