P05000 103848

	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(City/State/Zip/Phone #)			
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TALLAHASSEE, FLUKIBA

AHD155 1012/14/09

COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: FLORIDA NAIL SUPPLY, INC.				
DOCUMENT NUMBER: P05000103848				
The enclosed Articles of Dissolution and fee are submitte	ed for filing.			
Please return all correspondence concerning this matter to the following:				
BINH NGUYEN				
(Name of Contact Person)				
FLORIDA NAIL SUPPLY, INC.				
(Firm/Company)				
2800 N. MILITARY TRAIL UNITS 119-120				
(Address)				
WEST PALM BEACH, FL 33409				
(City/State and Zip Code)				
For further information concerning this matter, please call	;			
NINA DANG at (56	/			
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$35 Filing Fee \$43.75 Filing Fee \$ \$43.75 Filing Certified Co (Additional cenclosed)	• •			
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

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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 Sta		
	FLORIDA NAIL SUPPLY, INC.		
SECOND:	The document number of the corporation (if known): P05000103848		
THIRD:	The date dissolution was authorized: 11-12-09		
	Effective date of dissolution if applicable: 11-12-09 (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 was sufficient for approval.	for dissolution	
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
	Signature: (By a director, president or other officers 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)	SECRETARY OF STATE TALLAHASSEE, FLORIBA	
	BINH NGUYEN	ω "	
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35