

P05000106122

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Att Dis
@ 10/27/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2009

MILAN BASTA
MILAN DENTAL STUDIO INC
4569 NW 60 COURT
COCONUT CREEK, FL 33073

SUBJECT: MILAN DENTAL STUDIO INC
Ref. Number: P05000106122

We have received your document for MILAN DENTAL STUDIO 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):

The current name of the entity is, as referenced above. Please correct your document accordingly.

~~You have listed the incorrect document number on the form. Please verify whether you wish to dissolved the corporation or cancel the fictitious name filing.~~

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) 245-6864.

Irene Albritton
Regulatory Specialist II

Letter Number: 309A00030054

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TALLAHASSEE, FLORIDA

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2009

MILAN BASTA
MILAN DENTAL STUDIO INC
4569 NW 60 COURT
COCONUT CREEK, FL 33073

SUBJECT: MILAN DENTAL STUDIO INC
Ref. Number: P05000106122

We have received your document for MILAN DENTAL STUDIO 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):

The document must have original signatures.

Photo copies are not acceptable.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 709A00032821

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:

MILAN DENTAL STUDIO INC

SECOND: The document number of the corporation (if known): 705000106122 RE/EN 203250621

THIRD: The date dissolution was authorized: 10/22/09 9/09/09

Effective date of dissolution if applicable: 9/09/09
(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 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)

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)

MILAN BASTA

(Typed or printed name of person signing)

President

(Title of person signing)

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