## P0500000075

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	***			
PICK-UP WAIT N	IAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status _				
Special Instructions to Filing Officer:				
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SECTETARY OF STATE
AHASSEE, FLORID

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Corpora	tion
DOCUMENT NUMBER: P\$5\$\$\$ 12\$975	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Emila Viso	
(Name of Contact Person)	
Krystina Enterprises, Inc.	
13369 5W 135th Ave. # 104	
(Address)	
Miami, Fl. 33186	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
at ( ) 1 de	ime Telephone Number)
Enclosed is a check for the following amount:	
(Additional copy is Ce enclosed) (A	2.50 Filing Fee, rtificate of Status & rtified Copy dditional copy is nclosed)
P.O. Box 6327 Clifton Bu	nt Section f Corporations

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	Krystina Enterprises, Inc.
SECOND:	The document number of the corporation (if known): \$\psi 0500 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
THIRD:	The file date of the articles of incorporation: 08/31 2005
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Signa	(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.)
	(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: Krystina Enterprises, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

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16	as	of	Octobe	V 15	2007.	
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

13365 SW 135th Ave #104 Miami Fl. 33186

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.

Printed Name of the Person Filing

Signature of the Person Filing