

P05000121903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

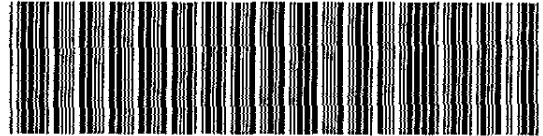
(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** APPLICATION for dissolution

**DOCUMENT NUMBER:** P05000121903

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Armando Ramirez  
(Name of Contact Person)

Ramirez International Enterprises, Inc.  
(Firm/Company)

P.O. BOX 451052  
(Address)

Kissimmee, FL. 34745-1052  
(City/State and Zip Code)

For further information concerning this matter, please call:

Armando Ramirez at ( 407 ) 346-6013  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ ~~\$35 Filing Fee~~ ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2006

Armando Ramirez  
P.O. Box 451052  
Kissimmee, FL 34745

SUBJECT: RAMIREZ INTERNATIONAL ENTERPRISES CORP.  
Ref. Number: P05000121903

**IMPORTANT NOTICE REGARDING THE STATUS OF YOUR CORPORATION**

You have indicated that your corporation has been sold or is no longer actively transacting business. The subject corporation will be administratively dissolved/revoked by the Division of Corporations at a later date this year if the Corporation Annual Report is not filed, or the corporation can choose to voluntarily dissolve or withdraw by filing Articles of Dissolution for a domestic corporation or a Certificate of Withdrawal for a foreign corporation. Enclosed is the appropriate form. The fee to voluntarily dissolve or withdraw is \$35. There is no fee if the Department of State administratively dissolves/revokes the corporation.

IF THE CORPORATION CHOOSES NOT TO FILE THE ANNUAL REPORT REPORT AND DOES NOT VOLUNTARILY DISSOLVE OR WITHDRAW, IT WILL AUTOMATICALLY RECEIVE A 60 DAY NOTICE OF INTENT TO ADMINISTRATIVELY DISSOLVE/REVOKE AND A CERTIFICATE OF DISSOLUTION/REVOCATION. FLORIDA LAW REQUIRES THAT WE SEND THESE NOTICES TO EACH CORPORATION BEFORE AND AT THE TIME OF ADMINISTRATIVE DISSOLUTION/REVOCATION.

NOTE: THERE IS NO PROVISION TO PLACE A CORPORATION ON "INACTIVE STATUS" WITH THE DIVISION OF CORPORATIONS.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 106A00015879

## 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:

RAMIREZ INTERNATIONAL ENTERPRISES Corp

SECOND: The document number of the corporation (if known): P05000121903

THIRD: The file date the articles of incorporation: 9.1.05

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.

SIXTH: 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.

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.)

ARMANDO RAMIREZ

(Typed or printed name of person signing)

President

(Title of Person Signing)

**Filing Fee: \$35**