## P05000137969

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11/28/05--01031--025 \*\*35.00

## COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: DESCOUF C	DRPORATION (FOR PROP		
DOCUMENT NUMBER: P 050	000137969		
The enclosed Articles of Dissolution and fee are sul	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
ROBERT K	GRAY		
(Name of Contact F	erson)		
RISER UNIVERES	MY TELLY INC		
(Firm/Compa	ny)		
	mer DR.		
M BEAULT	L 33130		
(City/State and Zi			
For further information concerning this matter, pleas	e call:		
ROBERT K. GLAY  (Name of Contact Person)  at (	305) 538 - 1050		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
	ed Copy Certificate of Status & Certified Copy		
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	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;						
	RISEN TECH INC. FIRE TO						
SECOND:	The document number of the corporation (if known): P0500013736						
THIRD:	The date dissolution was authorized: 10-6.05  Effective date of dissolution if applicable: 10.6.05						
	Effective date of dissolution if applicable: 10.6.05  (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 of 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 pourt appointed fiduciary, by that fiduciary)						
	(Typed or printed name of person signing)						
	(Typed or printed name of person signing)  PLESI NEW DIRECTOR						
	(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:	RISEN	TECH	INC	<del></del>	
Date of dissolution will be the specified in the Articles of Dis		led with the Depa	rtment of State or as		
Description of information that	t must be included in a c	laim:			
DISSO	ues as	NAME	<u>د</u>		
Ris	WED OLD EN TECH AS OK	INC			
	AS OK	10/6/0	5		
			And the second s		
Mailing address where claims	can be sent: (Claims can 6001 PIN M Benyue			ons)	<b>.</b>
A claim against the above nan within 4 years after the filing of the fil	of this notice.	arred unless a pro	Signature of the Pers	) J Kj	1 J.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00