P05000146832

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations	·
SUBJECT: Community Rehabilitation	Center Transportation, Inc.
DOCUMENT NUMBER: P05000146832	2
The enclosed Articles of Dissolution and fee are se	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Stanley Twig	
(Name of Contact	Person)
Community Rehabilitation Center	Transportation, Inc.
(Firm/Comp	any)
623 Beechwood	Street
(Address)	
Jacksonville, Florida	a 32206
(City/State and Z	
For further information concerning this matter, plea	se call:
	904 358-1211 ext. 111
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Addi	75 Filing Fee & S52.50 Filing Fee, fied Copy Certificate of Status & tional copy is osed) (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

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 Departme	ent of State:	
	Community Rehabilitation Center Transportation, Inc.		
SECOND:	The document number of the corporation (if known): N/A		
THIRD:	The file date of the articles of incorporation: 10/24/65		
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 ditto the shareholders, if shares were issued.	istributed	
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	[] A majority of the incorporators authorized the dissolution.	1	
	A majority of the directors authorized the dissolution.	06 JUL A	디드
Sign	nature: Segul Deff	RY OF STA	T U
	(By a director) president or other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other courn appointed fiduciary, by that fiduciary.)	an incorporator- if	
	Reginald Gaffney		
	(Typed or printed name of person signing)		
	President		
	(Title of Person Signing)		

Filing Fee: \$35