

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : INDEPENDENT TAX SERVICE
Account Number : I20020000072
Phone : (305) 887-0001
Fax Number : (305) 884-6444

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 22 AM 10:17

RECEIVED

2008 OCT 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL

MIAMI TOBACCONIST, INC.

Certificate of Status	
Certified Copy	
Page Count	
Estimated Charge	\$3,800

VID/WITHDRAW

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October 21, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MIAMI TOBACCONIST, INC.
18583 NW 27 AVENUE
MIAMI, FL 33056

SUBJECT: MIAMI TOBACCONIST, INC.
REF: P05000159879

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H08000240242
Letter Number: 808A00054535

RECEIVED
2008 OCT 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI TOBACCONIST, INC.

DOCUMENT NUMBER: P05000159879

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

Please return all correspondence concerning this matter to the following:

MOUSSA, ALI

(Name of Contact Person)

MIAMI TOBACCONIST, INC.

(Firm/Company)

18583 NW 27 AVENUE

(Address)

MIAMI, FL. 33056

(City/State and Zip Code)

For further information concerning this matter, please call:

MOUSSA, ALI

(Name of Contact Person)

at (**305**) **794-4874**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 22 AM 10:17

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:

MIAMI TOBACCONIST, INC.

SECOND: The document number of the corporation (if known): P05000159879

THIRD: The date dissolution was authorized: 10/15/2008

Effective date of dissolution if applicable: 10/15/2008

(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

One

(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)

ALI MOUSSA

(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: MIAMI TOBACCONIST, 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:

HIS CORPORATION DID NOT HAVE ASSETS AND HAD NO ACTIVITY

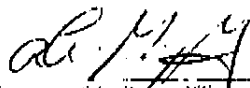
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

7768 NW 167TH TERR
MIAMI LAKES, FL. 33016

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.

ALI MOUSSA

Printed Name of the Person Filing


Signature of the Person Filing

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