(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
. PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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01/14/11--01012--022 **35.00

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: To Dissolve Ashtin Land, Inc.		
DOCUMENT NUMBER: P05000164358		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Paula Cox		
(Name of Contact Person)		
Ashtin Land, Inc.		
(Firm/Company)		
4577 NW 6th Street, Suite C		
(Address)		
Gainesville, FL 32609		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Paula Cox	at (352)373-0505	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status	\$43.75 Filing Fee & S2.50 Filing Fee, Certified Copy Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section 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 607.1401, Florida Statutes, this Florida profit corporation submits the following

FILED

2011 JAN 14 PH 4: 57

articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Ashtin Land, Inc. The document number of the corporation (if known): P05000164358 SECOND: The file date of the articles of incorporation: Dec 20 2005 THIRD: (CHECK AT LEAST ONE BOX) FOURTH: ✓ 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.) William L Cox (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: Ashtin Land, 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: We closed the business on 6/30/10. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) William L Cox 4577 NW 6th Street, Suite C Gainesville, FL 32609 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. Paula Cox Printed Name of the Person Filing

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