

P0500016575J

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

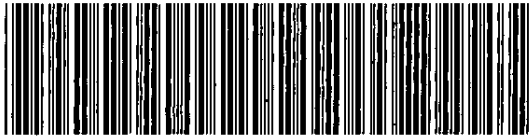
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

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09/03/09

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FILED
09 OCT 28 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Roberts OCT 28 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2009

JOSE A. ELASMAR
JOSE A. ELASMAR PA
1690 NE 191 ST STREET, STE #102-1
MIAMI, FL 33179

SUBJECT: JOSE A ELASMAR P.A.
Ref. Number: P05000165758

We have received your document for JOSE A ELASMAR P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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

Letter Number: 309A00029705

RECEIVED
2009 OCT 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VOLUNTARY DISSOLUTION

DOCUMENT NUMBER: PO5000165758

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

Please return all correspondence concerning this matter to the following:

JOSE A. ELASMAR

(Name of Contact Person)

JOSE A. ELASMAR P.A.

(Firm/Company)

1690 NE 191ST STREET SUITE #102-1

(Address)

MIAMI, FLORIDA 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE A. ELASMAR at (786) 597-4158

(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

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:

JOSE A. ELASMAR P.A.

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

POS000165758

THIRD: The date dissolution was authorized:

07-27-2009

Effective date of dissolution if applicable:

_____ (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.

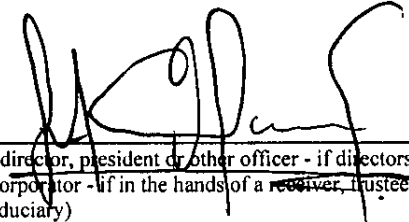
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

_____ (voting group)

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TALLAHASSEE, FLORIDA

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)

JOSE A. ELASMAR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)