

FROM Division of Corporations (FNU) FEB 18 2010 10:25 AM ET. ID: 23 No. 0000540788 P 1 Page 1 of 1

P060000001033

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : DIEGO L. RESTREPO, P.A.  
Account Number : I20060000072  
Phone : (305) 447-9430  
Fax Number : (305) 448-5541

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 FEB 18 PM 3:36

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DISSOLUTION OR WITHDRAWAL  
LAS OLAS SONESTA, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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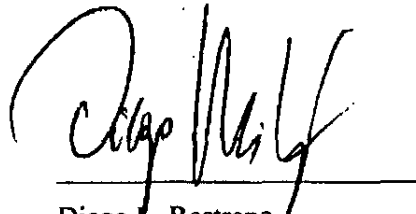
**ARTICLES OF DISSOLUTION  
OF  
Las Olas Sonesta, Inc.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 607.1403, Florida Statutes, this Florida profit corporation submits the following Articles of Dissolution to the Department of State of Florida:

1. The name of the corporation is **Las Olas Sonesta, Inc.**, "the corporation")
2. The document number of the Corporation is P06000001033.
3. The date the dissolution was authorized: December 31, 2009. The effective date of dissolution is upon filing these Articles of Dissolution with the Department of State of Florida.
4. The dissolution of the Corporation was authorized on December 31, 2009.
5. The dissolution of the Corporation was approved by the unanimous written consent of the shareholder of the Corporation, and such written consent is sufficient for approval of the Corporation's dissolution.

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Dissolution as of December 31, 2009.



Diego L. Restrepo

Director

H100000370473

**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. 604.1407, Florida Statutes.

Name of Corporation: **Las Olas Sonesta, Inc.**

The date of dissolution will be upon filing the Articles of Dissolution with the Department of State of Florida.

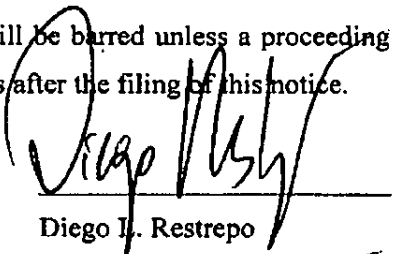
**Description of information that must be included in claim:**

Name of claimant with a postal address, together with the description as to how the claim arose, attaching invoices, if any.

**Mailing address where claims can be sent:**

Diego L. Restrepo 2600 S. Douglas Road Suite 506  
Coral Gables, FL 33134-6100

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.

  
\_\_\_\_\_  
Diego L. Restrepo  
Director