

No Return Address				
(Req	uestor's Name)			
(Add	ress)			
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(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to F	iling Officer:			

Office Use Only



000104795330

07/05/07--01016--025 \*\*35.00

J. S.S. W. Hotis

CRETARY OF STATE

07 JUL -5 AM 9: 1

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:
Classical Woodcraft Inc.
The document number of the corporation (if known): P06000020193 ,
The file date of the articles of incorporation: $02/09/2006$
(CHECK AT LEAST ONE BOX)
None of the corporation's shares have been issued.
☐ The corporation has not commenced business.
No debt of the corporation remains unpaid.
The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.
ature:  (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.)
(Typed or printed name of person signing)
Presipont (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: Classical W	oodcraft Inc.		-
Date of dissolution will be the date the d specified in the Articles of Dissolution.	issolution is filed with th	e Department of State or as	
Description of information that must be	included in a claim:		
	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		<u> </u>	
Mailing address where claims can be ser	nt: (Claims cannot be sen	t to the Division of Corporations	)
527 San Sebast	ian Prado		_
Altamonte Sprin	ıgs, FL 32714		-
			-
			-
A claim against the above named corpor within 4 years after the filing of this not		ss a proceeding to enforce the cla	nim is commenced
JAMES F. GaIFF	. r r.w	James -	4/13/01
Printed Name of the Perso	n Fuing	Signature of the Retson F	.hush , (

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