## Paco0066850

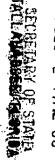
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2008

VIVIAN BUITRAGO \* 2ND MAILING VIVAST MASSAGE. THERAPY & BODY WORK 8025 BOCA RIO DR. BOCA RATON, FL 33433

SUBJECT: VIVAST MASSAGE THERAPY & BODY WORK, INC.

Ref. Number: P06000066850

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 808A00054233

SECRETARY OF STATE TALL AHASSEE, FLORIDA

2008 DEC -2 AM 8: 00

RECEIVED



October 17, 2008

VIVIAN BUITRAGO VIVAST MASSAGE. THERAPY & BODY WORK 23343 SW 54TH WAY A BOCA RATON, FL 33433

SUBJECT: VIVAST MASSAGE THERAPY & BODY WORK, INC.

Ref. Number: P06000066850

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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Letter Number: 808A00054233

Karen Gibson Document Specialist Supervisor

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	~ ~ ~
SUBJECT: Vruost plussoge	themp I and Body Wor
DOCUMENT NUMBER: P060000	66850
The enclosed Articles of Dissolution and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Vivian A. Buitro- (Name of Contact  Vivian Buitrogo  (Firm/Comp	Person)
Vivian Builiago	
(Firm/Comp	any)
233 43 Sw 54 <sup>4h</sup> (Address)	way A.
Bow Raton, FL. (City/State and 2)	33 433
(City/State and Z	ip Code)
For further information concerning this matter, plea	ase call:
(Name of Contact Person) at	(954) 6246315 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	· ,
(Add	75 Filing Fee & \$\$52.50 Filing Fee, fied Copy citional copy is osed)  \$\$\$ 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 607.1401, 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:		
	Vivost Hossage therapy and Body Work.	
SECOND:	Vivost Massage therapy and Body Work.  The document number of the corporation (if known): P060000 66850	
THIRD:	The file date of the articles of incorporation:	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	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.		
	C-2	
Signature:  (By a director, president or other officer—if directors or officers have not been selected, by an incorporation in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)		
(Typed or printed name of person signing)		
(Title of Person Signing)		

Filing Fee: \$35