(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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11/02/07--01019--009 **35.00

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Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: NOTICE OF C	ORPORATE DISSOLUTION
DOCUMENT NUMBER: P06000	0095307
The enclosed Articles of Dissolution and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
MOCHAEL A. Jo (Name of Contact	HNSON
HOMEBASE EQUET	Y MORTGAGES LNC.
0715 W. FAPRE (Address)	BANKS AVE STEDOL
WPNTER PARK IFLOR (City/State and 2)	39DA 32751 Cip Code)
For further information concerning this matter, plea	ase call:
Alexandria Rowe at (Name of Contact Person)	(407) 898-1078 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$43.75 Filing Fee & \$43. Certificate of Status Certi (Addi	75 Filing Fee & \$\sum \\$52.50 Filing Fee, fied Copy
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:			
	HOMEBASE EQUITY MORTGAGES INC.			
SECOND:	The document number of the corporation (if known): P0600095307			
THIRD:	The date dissolution was authorized: 10/01/2007			
	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)			
	V-2			
	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)			
	Michael A. Tohnson (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: HOMEBASE EQUITY MORTGAGES 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:

FULL NAME OF COMPANY, PERSON OR PERSONAL	REDAESENTATIVE
MAPIPAG ADDRESS (No P.O. Box #)	
CONTACT PHONE #	
NATURE OF CLAPM	
FULL AMOUNT OF CLASM WITH BACK-U	ID DOCUMENTATION

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2715 W. FARRBANKS AVE. STE 201 WINTER PARK, FC 32789

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.

MicHAEL A. JOHNSON ///

Name of the Person Filing Signatu