

PO6000095998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2007

AURIL WILLIAMS  
SALON SPA FURNITURE  
419 SO. NETHERWOOD CRES  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: SALON SPA FURNITURE, INC.  
Ref. Number: P06000095998

We have received your document for SALON SPA FURNITURE, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6908.

Sylvia Gilbert  
Document Specialist

Letter Number: 107A00012750

RECEIVED  
FEB 28 AM 8:00  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Salon Spa Furniture, Inc.  
**DOCUMENT NUMBER:** P06000095998

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

Please return all correspondence concerning this matter to the following:

Auril WILLIAMS  
(Name of Contact Person)

Salon Spa Furniture  
(Firm/Company)

419 So. NETHERWOOD CRES  
(Address)

ALTAMONTE SPRINGS FL. 32714  
(City/State and Zip Code)

For further information concerning this matter, please call:

Auril WILLIAMS at (407) 435-9647  
(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

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** PO6000095998

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

Please return all correspondence concerning this matter to the following:           

AURIL WILLIAMS  
(Name of Contact Person)

Salon Spa Furniture  
(Firm/Company)

419 So. Netherwood Cres  
(Address)

Altamonte Springs, Florida 32714-3188  
(City/State and Zip Code)

For further information concerning this matter, please call:

Auril WILLIAMS at (407) 435-9647  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:

Salon Spa Furniture, Inc.

SECOND: The document number of the corporation (if known): P06000095998

THIRD: The date dissolution was authorized: December, 31<sup>st</sup> 2006

Effective date of dissolution if applicable: February, 28<sup>th</sup> 2007  
(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

President (1)  
(voting group)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature: Avril Williams

(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)

AVRIL WILLIAMS  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35