P06000 112050

(Re	equestor's Name)	
(Ac	idress)	_
(Ac	Idress)	
•	,	
	ty/State/Zip/Phone	- 40
(Cil	:y/State/Zip/Phone	∍ #)
PICK-UP	WAIT	MAIL
•		
(Bu	siness Entity Nan	ne)
(=-		,
(0.	and Nimalan	
(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•	•	
		·i





500095878125

04/06/07--01021--039 **35.00

O7 MAY I I PM 3: IL SECRETARY OF STATE ALLAHASSEE, FLORID

Art of Diss. W/Notice 05/14/07

COVER LETTER

Division of Corporations	
SUBJECT: CHONA & TABASAM	INC
DOCUMENT NUMBER: P060001120	50
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
FAYYAZ S	IAL
(Name of Contact	et Person)
CHONA & TABAS	<u> </u>
(Firm/Com	pany)
9206 TOPNECK S	STREET
(Address))
NEW PORT RICH	EY, FL 34654
(City/State and	Zip Code)
For further information concerning this matter, pl	ease call:
	1 (127) 271-0486
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cer (Add	3.75 Filing Fee & S52.50 Filing Fee, tified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2007

FAYYAZ SIAL CHONA & TABASAM INC 9206 TOPNECK STREET NEW PORT RICHEY, FL 34654

SUBJECT: CHONA & TABASAM INC

Ref. Number: P06000112050

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

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

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Document Specialist

Letter Number: 407A00024718

07 HAY 11 AM 8: 00

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 CHONA & TABASAM INC	nt of State:		
SECOND:	The document number of the corporation (if known): P060001120 The file date of the articles of incorporation: 08/29/06)50		
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 disto the shareholders, if shares were issued.	stribu ze ds ECR	07 M	5 N. 4444
SEVENTH:	Adoption of Dissolution (CHECK ONE)	ETAR	AY	
	A majority of the incorporators authorized the dissolution.	1338 14 OF	07 MAY 11 PM 3: 1	3 [**]
	A majority of the directors authorized the dissolution.	TARY OF STATE HASSEE, FLORIDA	<u>ઃ</u> ા	C
Sign	nature:			
	(By a director, president or other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	n incorporator	- if	
	FAYYAZ SIAL			
	(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:	CHONA & TABASAM INC
Date of dissolution wi specified in the Article	ll be the date the dissolution is filed with the Department of State or as es of Dissolution.
Description of informa	ation that must be included in a claim:
AS	S WE HAVE NOT STARTED THE BUSINESS AND
	DO NOT HAVE ANY IDEA TO KEEP THIS CORPORATION,
WE DI	ECIDED TO DISSOLVE THIS CORPORATION
Mailing address where	e claims can be sent: (Claims cannot be sent to the Division of Corporations)
	9206 TOPNECK STREET
	NEW PORT RICHEY, FL 34654
A claim against the ab within 4 years after th	pove named corporation will be barred unless a proceeding to enforce the claim is commenced e filing of this notice.
	YYAZ SIAL WWW.
Prin	ted Name of the Person Filing Signature of the Person Filing