P06000128663

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Dusiness Fath, Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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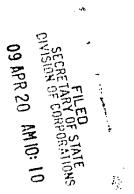
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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: CHRISTI VACATIONS,	INC.	
DOCUMENT NUMBER:	>	
The enclosed Articles of Dissolution and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the	following:	
TAW WEATHERLY (Name of Contact Person)		
CHRISTI VACATIONS, INC. (Firm/Company)		
1749 GLENHAVEN CI (Address)	R CUG	
(Address)		
DaoEE, L 3476/ (City/State and Zip Code)	/	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (407)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$43.75 Filing Fee & Certified Copy (Additional copy enclosed)	Certificate of Status &	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	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 States	:
	CHRISTI VACATIONS, INC.	
SECOND:	The document number of the corporation (if known): P06000 128663	
THIRD:	The file date of the articles of incorporation: 10/09/2006	
FOURTH:	(CHECK AT LEAST ONE BOX)	09
	None of the corporation's shares have been issued.	09 APR 211
	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.	
Sign	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	- if
	(Typed or printed name of person signing)	
	PRESIDENT (Title of Person Signing)	

Filing Fee: \$35