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SECRETARY OF STATE DIVISION OF CORFORATIONS

AND 155 (1a) 3/4/09

COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: SND DENTAL LABORATORY, INC. **DOCUMENT NUMBER:** <u>P0</u>7000001232 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: S DONOVAN ESSEN (Name of Contact Person) SND DENTAL LABORATORY, INC. (Firm/Company) 1500 SW MAPP ROAD (Address) PALM CITY, FLORIDA 34990 (City/State and Zip Code) For further information concerning this matter, please call: CARL R HANSEN, CPA at (813 __) 792-5577 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □\$35 Filing Fee □\$43.75 Filing Fee & ▼\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 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 State: | |
|----------|---|-----------|
| | SND DENTAL LABORATORY, INC. | |
| SECOND: | The document number of the corporation (if known): P0700001232 | |
| THIRD: | The file date of the articles of incorporation: JANUARY 3, 2007 | |
| FOURTH: | (CHECK AT LEAST ONE BOX) | |
| | None of the corporation's shares have been issued. | |
| | The corporation has not commenced business. | 2 |
| FIFTH: | No debt of the corporation remains unpaid. | no MAR -2 |
| SIXTH: | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. | P |
| SEVENTH: | Adoption of Dissolution (CHECK ONE) | 2:2 |
| | A majority of the incorporators authorized the dissolution. | |
| | A majority of the directors authorized the dissolution. | |
| Sign | (By adhector, 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 |
| | S DONOVAN ESSEN (Typed or printed name of person signing) | |
| | INCORPORATOR (Title of Person Signing) | |

Filing Fee: \$35

SECRETARY OF STATE
DIVISION OF CORPORATIONS