P07000005283

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing 0	Officer:

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04/15/09--01021--011 **35.00

SECRETARY OF STATE SALLAHASSEE, FLORIDA

Vato Sport



April 16, 2009

ELBA I. BONILLA FLORIDA TRAVEL PLUS INC. 8018 LAKE PARK ESTATES BLVD ORLANDO, FL 32818

SUBJECT: FLORIDA TRAVEL PLUS INC.

Ref. Number: P07000005283

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 409A00012781

SECRETARY OF STATE TALL AHASSEE. FLORIOA

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BECEINED

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF BUSINESS
DOCUMENT NUMBER: <u>P0700005283</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elba I. Bonilla
(Name of Contact Person)
Florida TravEL Plus.
(Firm/Company) 8018 LAKE Park EstatES Blud (Address)
Orlando fl 32818 (City/State and Zip Code)
For further information concerning this matter, please call:
ELA I. BONILLA at (407) 758 - 9394 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
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:
	Florida TRAVEZ Plus
SECOND:	The document number of the corporation (if known): PDM 00000 5283
THIRD:	The file date of the articles of incorporation: 1 10 07
FOURTH:	(CHECK AT LEAST ONE BOX)
	(CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued. No Shares
	☐ 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. Sole Corpora tion
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 - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) (Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35