P01000049999

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION OF P	RONETUS CORPORATIO
DOCUMENT NUMBER: <u>PO 70000 49999</u>	
The enclosed Articles of Dissolution and fee are submitte	d for filing.
Please return all correspondence concerning this matter to	the following:
GABRIELLE OTTAVIO	
(Name of Contact Person)
(Firm/Company)	
IIII CRANDON RIVE THE	T C-701
III CRANDON BLVD UNI (Address)	
KEY BISCAYNE FLORIDA 3 (City/State and Zip Code	3149
(City/State and Zip Code	e)
For further information concerning this matter, please call:	,
(Name of Contact Person) at (30)	5) 365~ 6341 a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
San Filing Fee San San Status Certified Control (Additional control enclosed)	py Certificate of Status &
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

FILED

of dissolutio	n: 2007 DEC 20 PM 4: 06
FIRST:	SECRETARY OF STATE The name of the corporation as currently filed with the Florida Department August FLORIDA
	PRONETUS CORPORATION
SECOND:	The document number of the corporation (if known): P070000 49999
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (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
	(voting group)
S	Signature: (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)
	GABRIELLE OTTAVIO (Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)

Filing Fee: \$35