

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : THE TORPY GROUP, P.L.
Account Number : I20030000045
Phone : (321) 255-2332
Fax Number : (321) 255-2351

FILED
07 NOV -1 PM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL

SIMPRO ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

2007 NOV -1 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dis/with/notice
82

Electronic Filing Menu

Corporate Filing Menu

Help

(H07000269491 3)

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:

SimPro Associates, Inc.

SECOND: The document number of the corporation (if known): P07000057558

THIRD: The file date of the articles of incorporation: 5/14/2007

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 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.

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.)

Charley D. Stabio

(Type or printed name of person signing)

Director

(Title of Person Signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA

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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: SimPro Associates, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

The nature of the claim and all supporting documentation must
be delivered to the address below.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Charley D. Stabio

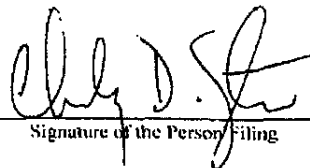
1515 S. Harbor Drive

Merritt Island, FL 32952

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Charley D. Stabio

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

(H07000269491 3)