10700064272

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

Office Use Only



000137122110

10/27/08--01016--009 **35.00

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: All Florida Home Loans DOCUMENT NUMBER: PO 7000064272
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: (Name of Captact Person)
All Florida Long Loans (Firm/Company)
10221 SW 7 Terrace
City/State and Zip Code)
For further information concerning this matter, please call: Alexis Alexandroat (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Set Status Set Set Status Set Set Status Set Status Set
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

May Corkerns A Few weeks ago I try to dissolve the corporation but the documents where betweed to me, apparently I file the incorrect docs Your department Kept the \$35.00 filing fee Iserd the first time with the documents. I believe enclosed now are the correct documents to be filed and I would appreciate you apply the \$35.00 your have already towards the Filing of these docs-Sincerely, Alaus Africa

COVER LETTER

2-7 1	COVEREETTER	and the same
TO: Amendment Section Division of Corporations		2009 MAY 27 AH 8: 00
SUBJECT: 015800	from of	- COYPONGALASIA OF STATE
DOCUMENT NUMBER:	700006	+272
The enclosed Articles of Dissolution	and fee are submitted f	or filing.
Please return all correspondence conc	erning this matter to the	e following:
Alexis	Heighd	VO
All Florida	ne of Contact Person) (Firm/Company)	Loans, Corp
30100 50	$\frac{\sqrt{5}}{\sqrt{\text{Address}}}$	t Avenue
Homestea	ty/State and Zip Code)	3033
For further information concerning th	is matter, please call:	
Alexis Alejar (Name of Contact Person)	at (<u>\\ (\)</u> (Area (Code & Daytime Telephone Number)
Enclosed is a check for the following	amount:	
S\$5 Filing Fee S\$43.75 Filing Fo Certificate of Sta DUY OFFICE US a Check altered		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

Pursuant to section 607.1403, 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:	
	HIL Horida Home Loans, Corp	
SECOND:	The document number of the corporation (if known): P0700064272	
THIRD:	The date dissolution was authorized: $9-26-08$	
	Effective date of dissolution if applicable: 9-26-08 (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	
	The number of votes cast for dissolution was sufficient for approval by Alexis Alexandro (voting group) Region 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	
	PH IZ	
	5	्रः
	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)	
	Alexis Afejandro	
	(Typed or printed name of person signing)	
	(Title of person signing)	

Filing Fee: \$35

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: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. Printed Name of the Person Filing

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