

P070000074857

(Requestor's Name)

(Address)

(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



800240790248

*miss with
notice*

10/16/12--01020--008 **35.00

FILED
2012 OCT 16 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
10/17/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CONTACTER INC

DOCUMENT NUMBER: P07000074857

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS LONDON

Name of Contact Person

LONDON EXPRESS INTERNATIONAL INC

Firm/Company

2750 MICHIGAN AVE, SUITE B-2

Address

KISSIMMEE, FLORIDA 34744

City/State and Zip Code

LONDON2750@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS LONDON

Name of Contact Person

At (**321**) **377-6175**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|--|---|

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

2012 OCT 16 PM 12:17

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

CONTACTER, INC

SECOND: The document number of the corporation (if known): P07000074857

THIRD: The file date of the articles of incorporation: 06/27/2007

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: Elkin Ramirez

(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.)

ELKIN DE JESUS RAMIREZ CHAVARRIA

(Typed or printed name of person signing)

PRESIDENT

(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: CONTACTER 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:

REASON OF THE CLAIM

AMOUNT OF THE CLAIM

NAME OF THE PERSON OF CORPORATION THAT HAS THE CLAIM

ADDRESSES OF THE CLAIMERS IF THEY ARE ANY

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

106 SNAPDRAGON CT

KISSIMMEE, FLORIDA 34743

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.

ELKIN DE JESUS RAMIRES CHAVARRIA

Printed Name of the Person Filing

Elkin Ramires

Signature of the Person Filing

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