P07000081207

| (Re | questor's Name) | |
|---|-------------------|-----------------|
| | | |
| hA) | dress) | |
| (Au | u1633) | |
| | | |
| (Ad | dress). | |
| | | |
| (Cit | y/State/Zip/Phone | ; #) |
| \ | ,, | , |
| PICK-UP | MAIT | MAIL |
| | | |
| | | |
| (Bu | siness Entity Nam | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Cartifical Causian | Contification | at Chatus |
| Certified Copies Certificates of Status | | |
| | | · |
| Special Instructions to | Filing Officer | |
| | i iiiig Oillooi. | |
| | | |
| | | |
| | | . |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900158349989

07/16/09--01004--012 **35.00





. COVER4 ETTER

TO: Amendment Section

| Division of Corporations |
|--|
| SUBJECT: Dissolution of Carporation |
| DOCUMENT NUMBER: E.T.N. 83-0490622 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Suzanne Jacobowitz |
| (Name of Contact Person) |
| Boulevard Boutique (Firm/Company) |
| (|
| 10900- 63rd Way (Address) |
| |
| Pirellas Park FC 33782 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Sue Jacobowitz at (727) 224-8229 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2009

SUZANNE JACOBOWITZ BOULEVARD BOUTIQUE, INC. 10900 - 63RD WAY PINELLAS PARK, FL 33782

SUBJECT: BOULEVARD BOUTIQUE, INC.

Ref. Number: P07000086607

We have received your document for BOULEVARD BOUTIQUE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state either: (1) None of the corporation's shares have been issued OR (2) The corporation did not commence business.

The document must state that a majority of the incorporators or directors authorized the dissolution.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 609A00025102

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: | |
|----------|---|-----------|--|
| | Boulevard Boutique Inc. | | |
| SECOND: | The document number of the corporation (if known): | | |
| THIRD: | The file date of the articles of incorporation: July 31, 2007 | | |
| FOURTH: | (CHECK AT LEAST ONE BOX) | 09 | الله الله الله |
| | None of the corporation's shares have been issued. | 09 JUL 23 | 第二十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四十四 |
| | The corporation has not commenced business. | | 76 76 76 |
| FIFTH: | No debt of the corporation remains unpaid. | 9h 10: 46 | 1 · · · · · · · · · · · · · · · · · · · |
| SIXTH: | The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued. | | Tari |
| SEVENTH: | Adoption of Dissolution (CHECK ONE) | | |
| | A majority of the incorporators authorized the dissolution. | | |
| | A majority of the directors authorized the dissolution. | | |
| | | | |
| Sign | (By a director, president or other officer - if afrectors or officers have not been selected, by an incorp in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) | porator | - if |
| | Suranne M. Jacobowitz (Typed or printed name of person signing) | | |
| | President (Title of Person Signing) | | |

Filing Fee: \$35