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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: MI Hogge TU	Revista inc
DOCUMENT NUMBER: PO 708	00096850
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Alexan	ndr- Capo vi.
(Name of 0	Contact Person)
<u> </u>	Hogae TU Revista Inc.
(Firm	n/Company)
6034 Che	Ster Ave. \$207A
(Ad	ddress)
lex (★
(City/Sta	te and Zip Code)
For further information concerning this man	tter, please call:
Plexandra capor	at (904) 8544560 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
\$\square\\$35 Filing Fee \square\\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee El 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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

The name of the corporation as currently filed with the Florida Department of State:
MI hogar Tu Revista Inc.
The document number of the corporation (if known): Po 7000046850
The file date of the articles of incorporation:
(CHECK AT LEAST ONE BOX)
None of the corporation's shares have been issued.
None of the corporation's shares have been issued. The corporation has not commenced business. No debt of the corporation remains unpaid.
No debt of the corporation remains unpaid.
The net assets of the corporation remaining after winding up have been distincted to the shareholders, if shares were issued.
Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
Λ +
(Typed or printed name of person signing)
PReSiden+ (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. Mi hogar Tu Revista 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: out of business Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 3580 pall mall DR. #2301 Dx 1Fl. 32257 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

Acceptant

Signature of the Person Filing