## PO 7000/01/09

(D.	questor's Name)	
(Re	equestors Marrie)	
(Ad	dress)	
(Ad	dress)	
•		
(Cit	y/State/Zip/Phon	e #)·
PICK-UP	TIAW	MAIL
(Ru	siness Entity Nar	me)
	, , , , , , , , , , , , , , , , , , ,	
	· · · · · · · · · · · · · · · · · · ·	•
(Do	cument Number)	i I
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
	r ining Grinoci.	
	<u> </u>	

Office Use Only



500145911485

03/18/09--01017--012 \*\*35.00



09 MAY -1 PH 2: 1

TROBERS MAY 10:11 2009



March 20, 2009

YAMILE MACHIN - BELL 3280 S W 16 TERR MIAMI, FL 33145

SUBJECT: TRAKETEOBARBERSHOP.INC

Ref. Number: P07000101109

We have received your document for TRAKETEOBARBERSHOP.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):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

We are enclosing the proper form(s) with instructions for your convenience.

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: 509A00009537



## **COVER LETTER**

Division of Corporations
SUBJECT: TRAKETEOBATBURShop. INC.
DOCUMENT NUMBER: P07000101109
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Yamle Machin - Bell (Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
5280 SW We Ver
3280 sw letterr  (Address)  (Address)  (Address)  (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Vamile Machin Bell   at (786) 4887662   (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \$\frac{1}{2}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

FILED

OP MAY - 1 PM 2: 1:

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the ing articles of dissolution:

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

SECOND: The document number of the corporation (if known): PO 7000 10409

THIRD: The date dissolution was authorized: 124/09

Effective date of dissolution if applicable: (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

Signature:

(By a director, president or other officer - if directors or officers have not been selected, by

(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 figuriary)

(Typed or printed name of person signing)

(Title of person signing

Filing Fee: \$35