| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | -#)       |
|                         |                   | _         |
| PICK-UP                 | WAIT              | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
|                         |                   |           |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer    |           |
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Office Use Only



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03/31/09--01022--001 \*\*35.00



## **COVER LETTER**

| TO: Amendment Section Division of Corporations                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: DISSOLUTION OF CORPORATION                                                                                                                                                                                                        |
| DOCUMENT NUMBER: P07000120005                                                                                                                                                                                                              |
| The enclosed Articles of Dissolution and fee are submitted for filing.                                                                                                                                                                     |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                                  |
| SHANTA FRANK (Name of Contact Person)                                                                                                                                                                                                      |
| (Name of Contact Person)                                                                                                                                                                                                                   |
| YOUR TRAVEL MALL INC.                                                                                                                                                                                                                      |
| (Firm/Company)                                                                                                                                                                                                                             |
| JOUR TRAVEL MALL INC.  (Firm/Company)  100 NW 114th LANC  (Address)                                                                                                                                                                        |
| (Address)                                                                                                                                                                                                                                  |
| CORAL SPRINGS, FL 33071 (City/State and Zip Code)                                                                                                                                                                                          |
| (City/State and Zip Code)                                                                                                                                                                                                                  |
| For further information concerning this matter, please call:                                                                                                                                                                               |
| SHANTA FRANK at (954) 564-4561 (Name of Contact Person) (Area Code & Daytime Telephone Number)                                                                                                                                             |
| (Name of Contact Person) (Area Code & Daytime Telephone Number)                                                                                                                                                                            |
| Enclosed is a check for the following amount:                                                                                                                                                                                              |
| \$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: STREET ADDRESS:                                                                                                                                                                                                           |
| Amendment Section Amendment Section  Division of Corporations Division of Corporations                                                                                                                                                     |
| Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building                                                                                                                                                          |
| Tallahassee, FL 32314 2661 Executive Center Circle                                                                                                                                                                                         |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FILED

2009 MAR 31 PM 3: 09

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

SECRETARY OF STATE TALLAHASSEE.FLORID!

| FIRST:   | The name of the corporation as currently filed with the Florida Department of State:                                                                                                                               |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | YOUR TRAVEL WALL INC.                                                                                                                                                                                              |
| SECOND:  | The document number of the corporation (if known): PO7000120005                                                                                                                                                    |
| THIRD:   | The file date of the articles of incorporation: $11-2-2007$                                                                                                                                                        |
| 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.                                                                                                                                                            |
|          |                                                                                                                                                                                                                    |
| Signa    | ature: Stank                                                                                                                                                                                                       |
| J        | (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.) |
|          | SHANTA FRANK                                                                                                                                                                                                       |
|          | (Typed or printed name of person signing)                                                                                                                                                                          |
|          | TRESIDENT                                                                                                                                                                                                          |
|          | (Title of Person Signing)                                                                                                                                                                                          |

Filing Fee: \$35