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(Requestor's Name)	
(Address)	
. (Address)	 - - -
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
ertified Copies Certificates of Status	
Special instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Corporate Entity	
DOCUMENT NUMBER: P07000134181	
The enclosed Articles of Dissolution and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
Kim Wallen	
(Name of Contact Person))
KIDZONE PLAYNASIUM CORPORATION	
(Firm/Company)	
1651 Muldrew Ave	*
Melbourne, FL 32935	
(City/State and Zip Code	p)
For further information concerning this matter, please call:	
Kim Wallen at (321	615-6053
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Certified Cop (Additional conclosed)	py Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	KIDZONE PLAYNASIUM CORPORATION
SECOND:	The document number of the corporation (if known): P07000134181
THIRD:	The file date of the articles of incorporation: 12/21/2007
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.
Sign	ature: (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.)
	Kim Wallen (Typed or printed name of person signing)
	Director (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: KIDZONE PLAYNASIUM CORPORATION
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Name of claimant, goods or services rendered, dollar amount, date of invoice,
invoice
)
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1651 Muldrew Ave
Melbourne, FL 32935
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.
Kim Wallen Printed Name of the Person Filing Signature of the Person Filing

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