

PO8000036361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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G. Ouellette JUL 14 2008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P08000036361

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlene Naranjo

(Name of Contact Person)

Reimbursement Claims Specialist, INC.

(Firm/Company)

17451 NW 52 PL.

(Address)

Miami Gardens, FL. 33055

(City/State and Zip Code)

For further information concerning this matter, please call:

Marlene Naranjo

(Name of Contact Person)

at ( 786 ) 663-2350

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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:

Reimbursement Claims Specialist, INC.

SECOND: The document number of the corporation (if known): P08000036361

THIRD: The file date of the articles of incorporation: April 9, 2008

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.

Signature: \_\_\_\_\_

(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.)

Marlene Naranjo

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: Reimbursement Claims Specialist, 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:

Corporation was opened with intent to conduct business but never did. No  
profit has been made under this corporation and I would like for it to be closed  
and inactive.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

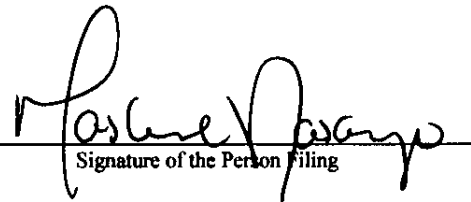
17451 NW 52 PL

Miami Gardens, FL 33055

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.

Marlene Naranjo

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**