P08000040308

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



900156013069

09/30/09--01017--009 **35.00



SEURL JARY OF STATE
SHURL OF CORPORATIONS
OF CORPORATIONS

- OCT 2 0 2009



October 2, 2009

BARBARA HARRIS 431 WOODSON AVE OCOEE, FL 34761

SUBJECT: SUPERIOR NIGHT VISION, INC.

Ref. Number: P08000040308

We have received your document for SUPERIOR NIGHT VISION, INC. and your check(s) totaling \$. 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: 309A00031971

COVER LETTER

Division of Corporations	
SUBJECT: Superior Night Vis	sion, Inc.
DOCUMENT NUMBER: P0800004	0308
The enclosed Articles of Dissolution and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Barbara J. Harris (Name of Contact	
(Name of Contact	Person)
(Firm/Compa	ont/)
	any)
431 Woodson Ave (Address)	
Ocoee FL 34761	
(City/State and Z	ip Code)
For further information concerning this matter, plea	se call:
Barbara J. Harris at (Name of Contact Person)	(407) 296-9870
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certif	75 Filing Fee & \$\sum \\$52.50 Filing Fee, Fied Copy Certificate of Status & Field Copy Certified Copy Field Copy (Additional copy is
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 OF STATE

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation by profits the following targicles on:	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	Superior Night Vision, Inc.	
SECOND:	The document number of the corporation (if known): Po800040308	
THIRD:	The date dissolution was authorized: 10-15-09	
	Effective date of dissolution <u>if applicable:</u> (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	
	(voting group)	
S	Signature: Bulling G. Harris (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)	
-	Barbara J. Harris (Typed or printed name of person signing)	
	President / owner	
	(Title of person signing)	

Filing Fee: \$35