D08U005/815

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	400172008704
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: DISSOLUTION OF CORPORATION	
DOCUMENT NUMBER: <u>P08000051815</u>	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MOSTAFIZUR RUHAN (Name of Contact Person)	
TERGIFTS INC (Firm/Company)	
(Firm/Company)	
13107 LIXBURY LOOP (Address)	
ORLANDO, F1 32837 (City/State and Zip Code)	
For further information concerning this matter, please call:	
MoSTAFIZUR KMAN at (407) 489-5860 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (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 607.1403, 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: TER GIFTS INC
SECOND:	The document number of the corporation (if known): PO80000 5/8/5
ΓHIRD:	The date dissolution was authorized: 12/31/2009
	The date dissolution was authorized: 12/31/2009 Effective date of dissolution if applicable: 12/31/2009
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for desolution 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
	MOSTAFIZÜR ÉNAZRANA KHAN (voting group)
\$	(By a director, president of the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)
	PRESIDENT (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: TERGIFTS . 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 13107 LUXBURY 200P ORLANDO, FL 32837 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.