

P08000067438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

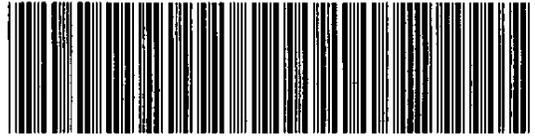
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600158349266  
07/14/09--01045--018 \*\*43.75

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09 AUG -4 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Volun. Diss.

8/5/09

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2009

MAZIN MUSTAFA  
P. O. BOX 450201  
KISSIMMEE, FL 34745

SUBJECT: WIRELES PLS INC.  
Ref. Number: P08000067438

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

IF YOU CHOOSE TO FILE THE ARTICLES OF DISSOLUTION PURSUANT TO 607.1403, PLEASE COMPLETE SECTION FOURTH OF THE FORM. "CHECK ONE BOX"

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 509A00025136

RECEIVED  
2009 AUG -4 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISOLVING; WIRELES PLS, INC

**DOCUMENT NUMBER:** P08000067438

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

Please return all correspondence concerning this matter to the following:

MAZIN MUSTAFA

(Name of Contact Person)

WIRELES PLS, INC

(Firm/Company)

PO BOX 450201

(Address)

KISSIMMEE, FL 34745

(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Contact Person) (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:  
WIRELES PLS INC.

SECOND: The document number of the corporation (if known): P08000067438

THIRD: The file date of the articles of incorporation: 07/16/08

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.

FILED  
09 AUG -4 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Signature: *Mazin Mustafa*  
(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.)

MAZIN MUSTAFA  
(Typed or printed name of person signing)

P  
(Title of Person Signing)

Filing Fee: \$35