108000081710

| (Red | questor's Name) | |
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| (City | //State/Zip/Phone | = #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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2-21-2010

FEB - 5 2010

COVER LETTER

TO: Amendment Section

| Division of Corporations | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| SUBJECT: Corporate Disolution | | |
| DOCUMENT NUMBER: POEOCOS1710 | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Eduardo Gomes | | |
| (Name of Contact Person) | | |
| (Firm/Company) | | |
| • • • | | |
| 528 Seasich Cove St | | |
| Winter Gorden FL 34787 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Februare Gomes at (407) 427-6910 | | |
| (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) Certified Copy (Additional copy is enclosed) | | |
| MAILING ADDRESS: STREET ADDRESS: | | |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | | |
| P.O. Box 6327 Clifton Building | | |
| Tallahassee, FL 32314 2661 Executive Center Circle | | |

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2010

EDUARDO GOMEZ CRE8 AUDIO VISUAL, INC 528 SEASIDE COVE ST WINTER GARDEN, FL 34787

SUBJECT: CRE8 AUDIO VISUAL, INC

Ref. Number: P08000081710

We have received your document for CRE8 AUDIO VISUAL, INC and your check(s) totaling \$35.00. 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.

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) 245-6925.

Letter Number: 210A00001993

Teresa Brown Regulatory Specialist II

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: 2 2 4 4 2 2 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| SECOND: | The document number of the corporation (if known): Po800081710 | | | |
| THIRD: | The date dissolution was authorized: | | | |
| | Effective date of dissolution if applicable: 2/21/2010 (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. EFFECTIVE DATE 2-2(-20) | | | |
| | 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 | | | |
| | Signature: (By a director, president or other officer of 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) Educatela Goinez | | | |
| | (Typed or printed name of person signing) Outer - President (Title of person signing) | | | |

Filing Fee: \$35