

PO 80000 99339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

DATE: FEBRUARY 22, 2009

**TO: Amendment Section
Division of Corporations**

**SUBJECT: REACT, INC
DOCUMENT NUMBER: P08000099339**

The enclosed **Articles of Dissolution** and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Name of Contact Person: **PHILIPPE GIRAUD**

Firm/Company: **REACT, INC**
Address: **3550 BISCAYNE BLVD STE 700**
City/State and Zip Code: **MIAMI, FL 33137**

For further information concerning this matter, please call:

At: Name of Contact Person: **PHILIPPE GIRAUD (305)576-1112**

Enclosed is a check for the following amount:

Ⓢ \$52.50 Filing Fee,

Certificate of Status Certified Copy Certificate of Status

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

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:
REACT, INC

SECOND: The document number of the corporation (if known): **P08000099339**

THIRD: The date dissolution was authorized: **11/30/2009**

Effective date of dissolution: **11/30/2009**

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Signature: _____

Name of Person Signing: Philippe GIRAUD

Title of person signing: Secretary

Filing Fee: \$35

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