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TO: Amendment Section

Division of Corporations SUBJECT: Corporate Dissolution P08000104957 **DOCUMENT NUMBER:** _ The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James Doherty (Name of Contact Person) VIRTUAL REPS INC. (Firm/Company) 2501 Island Crossing Way (Address) Merritt Island, Fl. 32952 (City/State and Zip Code) For further information concerning this matter, please call: at (321) 794-7886 James Doherty (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (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

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 Departme	ent of State:	
	VIRTUAL REPS INC.		
SECOND:	The document number of the corporation (if known): P0800010495	57	
THIRD:	The file date of the articles of incorporation: 12/1/2009		
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.	20 FAL	
SIXTH:	The net assets of the corporation remaining after winding up have been dit to the shareholders, if shares were issued.	stributed ASS	
SEVENTH	: Adoption of Dissolution (CHECK ONE)	T P	Paners.
	A majority of the incorporators authorized the dissolution.	ORANGE I	5
	A majority of the directors authorized the dissolution.	59	
Sign	nature:		
	(By a director, president or other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	n incorporator - if	
	James Doherty		
	(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:	VIRTUAL REPS INC.
Date of dissolution wi specified in the Article	Il be the date the dissolution is filed with the Department of State or as es of Dissolution.
Description of informa	ation that must be included in a claim:
Mailing address where	claims can be sent: (Claims cannot be sent to the Division of Corporations)
250	1 Island Crossing Way
Mer	ritt Island, Fl. 32952
A claim against the ab within 4 years after the	ove named corporation will be barred unless a proceeding to enforce the claim is commenced efiling of this notice.
	James Doherty
Print	ed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00