P090000/8363

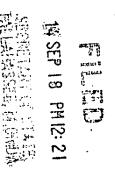
(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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SEP 2.5 2014 C. CANNOTHERS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: INTERAD INC.	
DOCUMENT NUMBER: P09000	018363
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
JOHN J FORD	
`	Contact Person)
INTERAD INC	
(Firm	n/Company)
10 MARINA GARDENS	BORIVE
(A	ddress)
PALM BEACH GARDE	NS, FL 33410
(City/Sta	te and Zip Code)
For further information concerning this may	tter, please call:
JOHN J FORD	at (561) 6622150
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
■ \$35 Filing Fee	□ \$43.75 Filing Fee & □ \$52.50 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 of dissoluti	
FIRST:	The name of the corporation as currently filed with the Florida Department of States INTERAD INC.
SECOND:	The document number of the corporation (if known): P0900018363
THIRD:	The date dissolution was authorized: U8/21/2014
	Effective date of dissolution if applicable: 08/21/2014 (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.
	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
	(voting group)
	Signature: (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)
	JOHN J FORD (Typed or printed name of person signing)
٠.	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: INTERAD 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:		
Interad Inc. was originally incorporated on 2/26/09.		
It was dissolved 12/31/2012. Recently, the corporation		
annual fee was mistakenly paid and therefore the corporation		
was re-activated. No assets, liabilities, or stock purchases.		
Please dissolve effective the date the fee was paid.		

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

10 Marina Gardens Drive	
Palm Beach Gardens, FL	33410
	·

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.

JOHN J FORD

Printed Name of the Person Filing

Signature of the Person Filing

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