

PD90000043754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

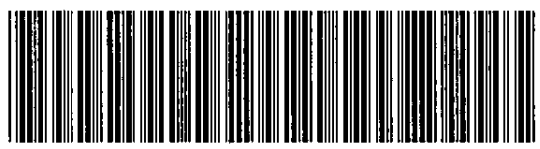
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 21 AM 9:08

Roberts OCT 22 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2009

CORNELIA REYNOLDS  
CORNELIA REYNOLDS PSYCHOTHERAPIST PA  
2506 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

SUBJECT: CORNELIA REYNOLDS PSYCHOTHERAPIST P.A.  
Ref. Number: P09000043754

We have received your document for CORNELIA REYNOLDS PSYCHOTHERAPIST P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6892.

Ina Roberts  
Regulatory Specialist II

Letter Number: 709A00031197

RECEIVED  
2009 OCT 21 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P09000043754

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

Please return all correspondence concerning this matter to the following:

Cornelia Reynolds  
(Name of Contact Person)

Cornelia Reynolds Psychotherapist PA  
(Firm/Company)

P O Box 270104  
(Address)

Tampa, FL 33688  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cornelia Reynolds at (786) 457-8363  
(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 OCT 21 AM 9:08

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:

Cornelia Reynolds Psychotherapist P.A.

SECOND: The document number of the corporation (if known): P09000043754

THIRD: The file date of the articles of incorporation: 5/13/09

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.

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.)

Cornelia Reynolds  
(Typed or printed name of person signing)

Incorporated  
(Title of Person signing)

Filing Fee: \$35