

FROM : LAZARUS
ASKI of Corporations

FAX NO. 3052201440

Oct. 15 2009 03:15 PM P1

P09000055592

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000221232 3)))



H090002212323ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FILED
09 OCT 15 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL

NEW ERA VACATIONS CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Volun Diss.

10-16-09

DC

10/15/2009 2:01 PM

RECEIVED
2009 OCT 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H09000221232

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:

NEW ERA VACATIONS CORPORATION

SECOND: The document number of the corporation (if known): P09000055592

THIRD: The date dissolution was authorized: 10/15/09

Effective date of dissolution if applicable: _____
(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, or if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Johnny P. Cordova
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

H09000221232

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 15 AM 11:37

FILED