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.

(((H090002151823)))



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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : FCA000000027

Phone : (305)444-4994

Fax Number

: (305)444-4977

DISSOLUTION OR WITHDRAWAL

COLLECTIBLE RESTORATION CONSULTING DIVISION OF UPHOL

<u> </u>	
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Bectronis Filing Menu

Corporate Filing Me

Help

10/6/2009

https://efile.sunbiz.org/scripts/efilcovr.exe

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 Department of State:	
	COLLECTIBLE RESTORATION CONSULTING DIVISION OF UPHOLSTERY IN	
SECOND:	The document number of the corporation (if known): P09000069335	
THIRD:	The file date of the articles of incorporation: AUG. 18, 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.	
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.	
Signa		
	(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.)	
	PAULINO CEJAS	
	(Typed or printed name of person signing)	
	P/D .	
	(Title of Person Signing)	