

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (950) 617-6380

From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 DEC 30 PM 1:53

**DISSOLUTION OR WITHDRAWAL  
POWER HANDS THERAPY, INC**

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

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w/notice  
10 12/31/09

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## 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:

POWER HANDS THERAPY, INC

SECOND: The document number of the corporation (if known): PC9000077066

THIRD: The date dissolution was authorized: December 30, 2009

Effective date of dissolution if applicable: December 30, 2009

(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)

Eduardo R. Romero

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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## 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: POWER HANDS Therapy, 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:

Vendor name, address, telephone  
INVOICE number & date  
DESCRIPTION OF PRODUCT OR SERVICES  
AMOUNT DUE

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

Edvarado R. Romero Registered Agent  
13107 SW 190<sup>TH</sup> ST  
MIAMI FL 33177

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 1 years after the filing of this notice.

Edvarado R. Romero ✓   
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