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12/21/10

COVERE	<u> DITUK</u>
TO: Amendment Section Division of Corporations	
SUBJECT: Kestored Hope	Enterprises Inc Dissolution
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Joshua Joerg	
Restored Hope Enter (Firm/Comp	Person) -prises Inc. pany)
Charlotte NCZ	28273
(City/State and Z	Cip Code)
Joshua Joerg at	(35Z) ZSJ-328O
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Addi	75 Filing Fee & \$\sum \\$52.50 Filing Fee, fied Copy
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

FILED

ARTICLES OF DISSOLUTION

2010 DEC 27 PM 4: 24

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporate Calbraits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	Kestured Hope Enterprises Inc	
SECOND:	The document number of the corporation (if known): \(\begin{align*} align	
THIRD:	The file date of the articles of incorporation: $\frac{1/8/10}{}$	
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.)	
	Joshua S. Juerg	
	(Typed or printed name of person signing) Vice Resident	
(Title of Person Signing)		

Filing Fee: \$35