## P1000034120

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

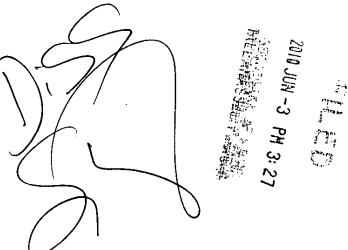
Office Use Only

6.7.10

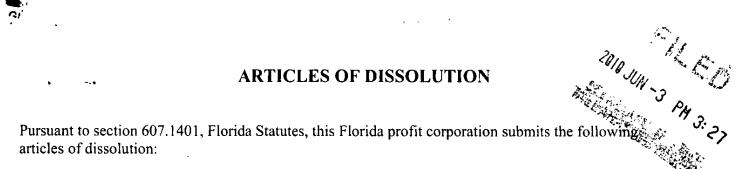


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66/63/10--01008--016 \*\*35.00







FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
mor.	·			
	DYNAMITE ENHERPRISES, FAC.			
SECOND:	The document number of the corporation (if known): P100003443 o			
THIRD:	The file date the articles of incorporation: April 21, 20) 0			
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.)				
(Typed or printed name of person signing)				
	(Title of Person Signing)			

Filing Fee: \$35

## **COVER LETTER**

Division of Corporations			
SUBJECT: DYNAMITE ENTERPRISE	ES, INC.		
DOCUMENT NUMBER: P1 00 000 3443 0	)		
The enclosed Articles of Dissolution and fee are submitted	for filing.		
Please return all correspondence concerning this matter to the	he following:		
Virginia Tucci (Name of Contact Person)			
DYNAMITE ENTERPRISES (Firm/Company)	in Fine.		
691 S.E. and Street (Address)	}		
HOMESTEAD, FL. 33030 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (78)	Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status Certified Cop (Additional coenclosed)			
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		