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(((H130000206973)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019

: (305)552-5973

Fax Number

: (305)220-1440

DISSOLUTION OR WITHDRAWAL RESTORE PRO, INC.

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

JAN 28 2013

Electronic Filing Menu

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T. LEWIS

## H13000020087

## ARTICLES OF DISSOLUTION

| Pursuant to s  | ection 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: ERESTORE PRO, INC.   |  |
| SECOND:        | The document number of the corporation (if known): P100000 92834  |  |
| THIRD:         | The date dissolution was authorized: 1 - 25 - 13  |  |
|                | Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)  |  |
| FOUR H:        | 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)  |  |
|                | (Totall Brown)  |  |
|                | 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) |  |
| •              | TROY STEFANO (Typed or printed name of person signing)  |  |
|                | PRESIDENT   |  |
| `              | (Title of person signing)   |  |

Filing Fee: \$35