P11000007050

| (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



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02/22/11--01049--016 **35.00



C.COULLIETTE

MAR 1 0 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: SUNRISE FARM | M, INC. | | | | | | |
|---|--|-------|--|--|--|--|--|
| DOCUMENT NUMBER: P11000007050 | | | | | | | |
| The enclosed Articles of Revocation of Dissolut | ation and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this | s matter to the following: | | | | | | |
| ALTA | AF SATTAR | | | | | | |
| Name of | Name of Contact Person | | | | | | |
| SOFT | TBOOKS, INC. | | | | | | |
| Firm | n/Company | | | | | | |
| 5373 N. NOB HILL ROAD | | | | | | | |
| · . | Address | | | | | | |
| SUNRIS | SE, FL 33351 | | | | | | |
| City/State | te and Zip Code | | | | | | |
| E-mail address: (to be used for | TBOOKSING COM for future annual report notification) | | | | | | |
| For further information concerning this matter, p | please call: | | | | | | |
| ZAKARIA JABER at (954) 296-0536 Name of Contact Person Area Code & Daytime Telephone Number | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | |
| \$35 Filing Fee \$Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is encl | osed) | | | | | |
| 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 | | | | | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2011

ALTAF SATTAR SOFTBOOKS, INC. 5373 N. NOB HILL RD SUNRISE, FL 33351

SUBJECT: SUNRISE FARM, INC. Ref. Number: P11000007050

We have received your document for SUNRISE FARM, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 911A00004493

THAR TO AN 8: 17
SECRETARY OF SIME

COVER LETTER

| TO: Amendment Section Division of Corporations | · |
|--|--|
| SUBJECT: SUNRISE FARM | M, INC |
| DOCUMENT NUMBER: PHOODOTOS | (D |
| The enclosed Articles of Dissolution and fee are submitted f | or filing. |
| Please return all correspondence concerning this matter to the | e following: |
| | |
| (Name of Contact Person) | |
| SOFTBOOKS INC | |
| (Firm/Company) | |
| S373 N. NOB HILL ROA | -D |
| (Addiess) | |
| SUNRISE, FL 3335 (City/State and Zip Code) | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| ALTAF SATTAR at (954) (Name of Contact Person) (Area (|) 874-6 2 30 |
| (Name of Contact Person) (Area C | Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| See alloched Certificate of Status Certified Copy (Additional copenciosed) | |
| MAILING ADDRESS: | STREET ADDRESS: |
| Amendment Section Division of Corporations | Amendment Section Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee FI 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301

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: |
|----------|--|
| | SUNRISE FARM, INC |
| | |
| SECOND: | The document number of the corporation (if known): P11000001050 |
| ГHIRD: | The file date of the articles of incorporation: $02/14/20/1$ |
| 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. |
| Sign | ature: (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.) |
| | TABER ZAKARIA (Typed or printed name of person signing) |
| | PRESIDENT |

Filing Fee: \$35

Notice of Corporate Dissolution

| This notice is submitted by against this corporation as | | | for resolution of payme | nt of unknown claims |
|---|--------------------------|------------------|--------------------------|------------------------|
| This "Notice of Corporate | Dissolution" is optional | and is not requi | red when filing a volunt | ary dissolution. |
| Name of Corporation: | SUNRISE | FARM, | INC | |
| Date of dissolution will be specified in the Articles of | | s filed with the | Department of State or a | ıs |
| Description of information | that must be included in | a claim: | | |
| NAME | AND ADDRE | ESS OF | THE CLAIM | IANT |
| THE | AMOUNT (| CLAINE | .D | |
| | R AND CON | | | |
| DAT | E THE CLA | IN WAS | SINCURRE | εD |
| | | | | |
| Mailing address where clai | · | | • | · |
| 4 | SD3 WOODL AMARAC, F | TOD CIE | CLE | |
| | AMARAC, 1 | ~L 3331 | 9 | |
| | | | | |
| | | | | |
| A claim against the above r within 4 years after the filir | | e barred unless | a proceeding to enforce | the claim is commenced |
| JABER Z | ZAKARIA | | Zalf | |
| Printed Na | me of the Person Filing | | Signature of the P | erson Filing |

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00