

P11000026584

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368**DISSOLUTION OR WITHDRAWAL
ADVANCED PLASMONICS, INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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2012 APR 23 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. BROWN

4/23/2012

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Advanced Plasmonics, Inc.

3239 SW 47th Avenue, Suite 200
Gainesville, FL 32608
P: 352.372.0440 F: 352.372.7609

February 29th, 2012

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

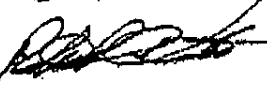
To Whom It May Concern:

On March 16, 2011, we mistakenly filed an application in Florida to incorporate Advanced Plasmonics, Incorporated with the Florida Secretary of State. Advanced Plasmonics, Incorporated was originally incorporated in Delaware on Sept. 22, 2008, and it was our original intention to cause Advanced Plasmonics, Incorporated to register as a foreign for-profit corporation to transact business in Florida. As of the date of this letter, we have filed for dissolution of the Florida corporation Advanced Plasmonics, Incorporated to correct our earlier mistake. We do not intend to revoke filing for dissolution of Advanced Plasmonics, Incorporated, and we wish that the name "Advanced Plasmonics, Incorporated" be available for use in Florida.

Along with this letter, we are sending the necessary forms and fees to register Advanced Plasmonics, Incorporated, a Delaware corporation, to transact business in Florida.

Please contact us should you have any questions.

Regards,



Richard Vento
Advanced Plasmonics, Incorporated
3239 SW 47th Avenue, Suite 200
Gainesville, FL 32608
Phone: 1775-240-0600
Email: dickvento@gmail.com

7920045v.1

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advanced Plasmonics, Incorporated

DOCUMENT NUMBER: P11000026584

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|--|---|---|

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

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:
Advanced Plasmonics, Incorporated

SECOND: The document number of the corporation (if known): P11000026584

THIRD: The file date of the articles of incorporation: 3/16/2011

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: *Lana Vento*

(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.)

Lana Vento

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

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