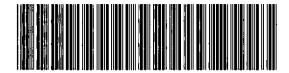
P11000031383

(Requ	iestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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(Docu	ıment Number)	
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SECRETARY OF STATE
ANALYSEE FLORID

10-4h

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of corpora	ation
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Lynn Brock (Name of Contact	Person)
	5 lin any)
2100 Constitution (Address)	
Savasota FL (City/State and Z	34231 (ip Code)
For further information concerning this matter, plea	ase call:
(Name of Contact Person) at	(941) 313 1234 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certi (Addi	75 Filing Fee & \$\sum \\$52.50 Filing Fee, fied Copy Certificate of Status & tional copy is osed) (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 607.1403, Florida Statutes, this Florida profit corporation submits: of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Sinap Concessions, Inc. The document number of the corporation (if known): P11000031383 SECOND: The date dissolution was authorized: 9/36/2614THIRD: Effective date of dissolution <u>if applicable:</u> 9/30/2011

(no more than 90 days after dissolution file date) FOURTH: 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 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) Owner / Lucorporator/ Screetary

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Snap Concessions, huce Name of Corporation: Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: no outstanding bills or issues Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Constitution Blud # 131 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

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