P13000073745

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL

(Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations CORPORATION DISSOLUTION SUBJECT: P13000073745 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL STOVER (Name of Contact Person) ADVANCED IDENTIFICATION, INC (Firm/Company) 80 Leetsdale Industrial Drive Ste 103 (Address) Leetsdale, PA 15056 (City/State and Zip Code) For further information concerning this matter, please call: MICHAEL STOVER 407-494-7565 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount:

\$35 Filing Fee \$\Pi\$ \$43.75 Filing Fee & \$\Pi\$ \$43.75 Filing Fee & \$\Pi\$ \$52.50 Filing Fee.

Certified Copy

enclosed)

(Additional copy is:

Certificate of Status

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status &

(Additional copy is

Certified Copy

enclosed)

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ARTICLES OF DISSOLUTION

SECRETARY OF SYATE Pursuant to section 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: ADVANCED IDENTIFICATION, INC
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 12/31/2000
	Effective date of dissolution if applicable: 12/31/2000
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
Š	Signature: Medical John (By a director, president or other officer - il directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by
	MICHAEL STOVER
	(Typed or printed name of person signing)
	PRESIDENT
	(l'itle of person signing)

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.

Name of Corporation: ADVANCED IDENTIFICATION, INC
The above named corporation is the subject of dissolution and the effective date of a dissolution is:
(date filed with the Dept. if date specified in the Articles of Dissolution)
Description of information that must be included in a claim:
VENDOR'S NAME AND COPY OF INVOICE
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)
80 Leetsdale Industrial Drive Ste 103 Leetsdale, PA 15056
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
MICHAEL STOVER MICHAEL STOVER
Printed Name of the Person Filing Signature of the Person Filing

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