P13000084880

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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: REEL NERVE INC. P13000084880 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/Company) 45 DAKVIEW CIRCLE
(Address)

ORMOND BEACH, FL 32176 For further information concerning this matter, please call: at (386) 310-4023 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee ☑ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (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:
	REEL NERVE INC.
SECOND:	The document number of the corporation (if known): P13000084880
THIRD:	The file date of the articles of incorporation: 10^{-14}
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, procedure) (By a director, procedure) (By a director, procedure) (By a director, procedure) (By a director) (By a direc
	in the hands of a receiver trustee, or other court appointed fiduciary, by that fiduciary.)
	(Typed of printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35