

P14000009388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY - 2 PM 1:19

MAY - 3 2016  
C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution / Company is no longer  
in Business

**DOCUMENT NUMBER:** P14000009388

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

Please return all correspondence concerning this matter to the following:

Robert Thomas  
(Name of Contact Person)

Classic Painting and Restoration, Inc.  
(Firm/Company)

1844 N. Pinellas Ave.  
(Address)

Tarpon Springs, FL 34689  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Thomas at (727) (939-9649)  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$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 607.1403, 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:

Classic Painting and Restoration, Inc.

SECOND: The document number of the corporation (if known): P14000009388

THIRD: The date dissolution was authorized: 3-25-16

Effective date of dissolution if applicable: 3-25-16  
(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: 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

\_\_\_\_\_  
(voting group)

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)

Robert Thomas  
(Typed or printed name of person signing)

Vice President  
(Title of person signing)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY 12 PM 1:49

Filing Fee: \$35

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**Notice of Corporate Dissolution**

16 MAY -2 PM 1:49

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: Classic Painting and Restoration, Inc

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:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1844 N. Pinellas Ave  
Tarpon Springs, FL 34689  

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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.

Robert Thomas                      [Signature]  
Printed Name of the Person Filing                      Signature of the Person Filing