(Re	questor's Name)	.
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R. Wmit.

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: P 150000 19374
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALLAN ROSIBR
(Name of Contact Person) PRESTORNT HOSLITATION GIFT TWO. (Firm/Company)
15702 EAST WATERSIDE CTECLE, #2000 (Address)
SUNRISE FLA 33326-2206 (City/State and Zip Code)
/ (City/State and Zip Code)
For further information concerning this matter, please call:
Augu Poster at (954) 389 9696 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \$\frac{1}{2}\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton 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 Sta	ıte:	
	HOSPITALIM. GITT. INC.		
SECOND:	The document number of the corporation (if known): PISOCO 193	374	
THIRD:	The file date of the articles of incorporation: $\frac{2/20/2015}{}$		
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.	l	
SEVENTH:	: Adoption of Dissolution (CHECK ONE)		
	☐ A majority of the incorporators authorized the dissolution.	562 —	
	A majority of the directors authorized the dissolution.	6 MAY 3	
Sign	nature:	PH 2: 37	
J	(By a director, president or other officer - if directors or officers have not been selected, by an incorpora in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	ıtor - if	_
	ALLAN F. ROSTER		
	(Typed or printed name of person signing) PRISTDENT		

Filing Fee: \$35