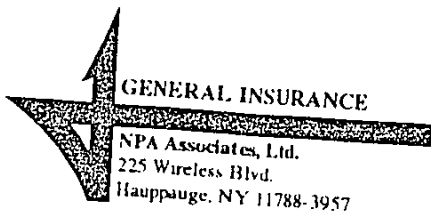


P94000025941



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-03/28/97--01078--017
*****96.25 *****96.25

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name) (Document #)
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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Vol. Dissolved
07/15/97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 31, 1997

GENERAL INSURANCE
NPA ASSOCIATES, LTD.
225 WIRELESS BLVD.
HAUPPAUGE, NY 11788-3957

SUBJECT: NATIONAL INDEMNITY FLORIDA EAST, INC.
Ref. Number: P94000025941

We have received your document for NATIONAL INDEMNITY FLORIDA EAST, INC. and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 297A00016137

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 is: NATIONAL INDEMNITY FLORIDA EAST, INC.

SECOND: The date dissolution was authorized: 11/30/96

THIRD: 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 vote of 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

Signed this 24th day of March, 19 97

Signature

(By the Chairman or Vice Chairman of the Board, President, or other officer)

PAUL TRENTACOSTE

(Typed or printed name)

PRESIDENT

(Title)

Filed: Lazar, DeTharasis, Sanders & Co., LLP
100 Jericho Quadrangle - Ste. 127
Jericho, New York 11753

FILED
97 APR 14 PM 3:44
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA