

P94000074546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

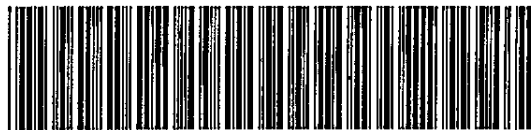
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/29/04--01013--011 **35.00

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06 JUL 29 11:12:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

TS/30/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Naama's Total Body Therapy

DOCUMENT NUMBER: 65- 05/3522

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

Please return all correspondence concerning this matter to the following:

Naama Jody Reynolds
(Name of Person)

Naama's Total Body Therapy
(Name of Firm/Company)

PO Box 683
(Address)

Hallandale Beach Fla 33008
(City/State/and Zip Code)

For further information concerning this matter, please call:

Naama J Reynolds at (305) 868-0281 ^{BL 305} ^{4905850C}
(Name of 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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

Naima's Total Body Therapy

SECOND: The document number of the corporation (if known): 650513522

THIRD: The file date of the articles of incorporation was: Oct 1994

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The business closed 2002

☐ 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.

Signed this NR July 26 day of July 26, 2004.

Signature: Naima Reynolds

(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.)

NAINA Reynolds

(Typed or printed name of person signing)

President

(Title of person signing)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

04 JUL 29 PM 12:04

FILED

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: Nanna Reynolds

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:

July 26, 04 business closed Sept 2002

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

PO Box 683
Hallandale Beach Fla 33008

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.

Nanna Reynolds
Printed Name of the Person Filing

Nanna Reynolds
Signature of the Person Filing

FILED
04 JUL 29 PM 12:04
DEPT. OF STATE
TALLAHASSEE, FLORIDA