P940000987837

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2

(Address)
Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip) (Phone #)

400002580084--4; -07/06/98--01031--022 *****87.50 *****87.50

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

| 1. Newpoint | NSW. | ance Agency, Inc. | (Document i | P93-60 | 0085 | . |
|------------------------------------|--------|----------------------------------|-------------|--------------------|---|---|
| 2. | | | (Document | #\ | - ' | _ |
| 3. | | | | | | |
| (Corporation Name) (Document #) | | | | | | |
| 4. (Corporation Name) (Document #) | | | | | | |
| Walk in V | ick up | time | Cer | rtified Copy | TAT 38 38 | |
| Mail out | Will w | ait Photocopy | Cer | tificate of Status | 98 JUL -6 SECRETAR ALLAHASS | |
| NEW FILINGS | · | AMENDMENTS | | | 5 PM RY OF SEE. F | |
| Profit | | Amendment | | | # 3; 5 FLOR | |
| NonProfit | | Resignation of R.A., Officer/Dir | ector | | 53 DRIC | |
| Limited Liability | | Change of Registered Agent | | | > | |
| Domestication | X | Dissolution/Withdrawal | | Na | | |
| Other | | Merger | | | , <u>S</u> | |
| OTHER FILINGS | | REGISTRATION/ QUALIFICATION | | You | 98 JUL -6 AM 10: 57 DIVISICA OF CONTURANTO | k - = = = = = = = = = = = = = = = = = = |
| Annual Report | | Foreign | (| 1 | 25×5 9 | 1.2 |
| Fictitious Name | | Limited Partnership | ` | | | |
| Name Reservation | | Reinstatement | | C.C | ID: 5 | 7- mer |
| | | Trademark | | Evamina | o V | |

FILED

ARTICLES OF DISSOLUTION

98 JUL -6 PM 3:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of

| FIRST: | The name of the corpor | ration is: Newpoint Insurance Ag | ency, Inc. |
|-----------------------------|-------------------------------------|--|--|
| | | | • |
| SECOND | : The date dissolution | was authorized: | |
| THIRD: | Adoption of Dissolution | on (CHECK ONE) | , |
| Dissol app | ution was approved by the proval. | he shareholders. The number of vot | es cast for dissolution was sufficient for |
| Dissolu | ition was approved by ve | ote of the shareholders through voti | ng groups. |
| [The follow plan to diss | ving statement must be so volve: | reparately provided for each voting s | group entitled to vote separately on the |
| "The numbe | er of votes cast for dissol | lution was sufficient for | |
| approval by | | (voting group) | |
| | Signed this 30th | day of | , 19 |
| Signature (By tto | Chairman or Vice Chairman | of the Board, President, or other officer) | |
| | • | January of Onice officer) | - |
| | | (Typed or printed name) | |
| | | Secretary | <u> </u> |
| | | (Title) | |