P950000004388

	(Requestor's Name)						
(Address)							
(Address)							
	(City/State/Zip/Phone #)						
PICK-UF	WAIT MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							





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11/26/07--01052--012 **43.75

SECRETARY OF STATE DIVISION OF CORPORATIONS

PSII/30/07 Diss/machue

COVER LETTER

TO: Amendment Division	ent Section of Corporations				
SUBJECT:	Dissolution	of	Diversif	ied	SpecialtiesInc
DOCUMENT NU	имвек:Ро	1500	ooo 43°	88	
The enclosed Arti	cles of Dissolution and for	ee are sub	mitted for filing	g.	
Please return all co	orrespondence concerning	this matt	er to the follow	/ing:	
	moira La Mo	ounta	٠, ١٨٠		
	(Name of			1	_
	Diversified	Spec	ialties	Inc	•
	(Firn	n/Compan	y) .	d.	
	3109 GR	AND	Avenue,	, <u>11</u>	485
	3109 GR	ddress) FL	331	33	
	(City/Star	te and Zip	Code)		
For further inform	ation concerning this mat	ter, please	call:		
Moira	LAMountain	at (_	831	38	re Telephone Number)
(Name o	of Contact Person)	•	(Area Code &	Daytir	ne Telephone Number)
Enclosed is a chec	k for the following amou	nt:			
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certifie	ed Copy onal copy is	Cert Cert (Add	50 Filing Fee, lificate of Status & lified Copy ditional copy is closed)
Amendment Division of P.O. Box 6	f Corporations	. '	Amer Divis Clifto	ndment ion of (on Build	DRESS: Section Corporations ding tive Center Circle

Tallahassee, FL 32301

DIVISION OF CORPORATIONS
2007 NOV 26 AM II: 50

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 State: Diversified Specialties Inc.						
SECOND:	The document number of the corporation (if known): P950000 4388						
THIRD:	The file date of the articles of incorporation:						
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.						
SEVENTH:	Adoption of Dissolution (CHECK ONE)						
	A majority of the incorporators authorized the dissolution.						
	A majority of the directors authorized the dissolution.						
Sign	ature: (By white the plantest 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.) Matthew J. Bennett (Typed or printed name of person signing) Whice						
(Title of Person Signing)							

Filing Fee: \$35

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:	Divusified	Specialties	Inc.	_		
Date of dissolution will be the specified in the <i>Articles of D</i>		s filed with the Departm	ent of State or as			
Description of information tl	nat must be included in	a claim:				
	Name, a	ddress and	tele phone	nomber		
	Invoice	For services	s (detailed)		
	Descripti	on of date	(s) and se	evi es		
rendered						
	Itemized	statement	of service	es		
Mailing address where claim		cannot be sent to the Div	ision of Corporation	ns)		
		Gred Special	ties Inc.	_		
	3109	Grand Aven	we, # 485	_		
	Mian	i, FL 33	133	_		

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.

Matthew J. Bennett

Printed Name of the Person Filing

figuature of the Person Filing