Phone 941-747-1337 Fax 941-747-0258 Home Phone 941-748.3205

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FLORIDA OF STATE DIVISION OF CORPORATIONS P.O.BOX 6327 TALLAHASSEE,FL.32314

*****52.50 *****52.50

DEAR SIR.

ENCLOSED ,FIND A CHECK FOR \$52.50. PLEASE SEND A CERTIFIED COPY OF DISSOLUTION AND A CERTIFICATE OF STATUS.

FILING FEE \$35.00, CERTIFIED COPY \$8.75, CERTIFICATE OF STATUS \$8.75.

THANK YOU,

WILLIAM S.REAMES 1006-134th.STREET EAST BRADENTON,FL 34202

941-748.3205

ARTICLES OF DISSOLUTION

OI MAY 21 PM 2:57
TALLAHASSEE. FLORIDA Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the

following articles of dissolution:	
FIRST:	The name of the corporation is: WILLIAM S. REAMES, TNC.
SECOND:	The date dissolution was authorized: 05.3/- 200/
THIRD:	Adoption of Dissolution (CHECK ONE)
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Diss	solution was approved by vote of the shareholders through voting groups.
	he following statement must be separately provided for each voting group attitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
WILLIAM S. REAMES (voting group)	
	ed this $/g$ day of m_{Hy} , $200/$.
Signature	
(By the Chairman of vice Chairman of the Board, Fleshdent, of other officer) We 1//Am S. REAMES (Typed or printed name)	
	0 / 4-