(Requestor's Name) (Address)	10016
(City/State/Zip/Phone #)	02/22/10
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only	D.S. WINDS



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COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: M.Weiner Insurance A	ssoc. Inc.
DOCUMENT NUMBER: 650593708	3
The enclosed Articles of Dissolution and for	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Morton Weiner	
(Name of	Contact Person)
M.Weiner Insurance Assoc. Inc.	
(Firm	n/Company)
2818 N 46 Ave. K 585	
(A	ddress)
Hollywood, Florida, 33021	1
(City/Sta	te and Zip Code)
For further information concerning this mat	tter, please call:
Morton Weiner	at (954) 961 3330
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
□\$35 Filing Fee \$\square\$\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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 as currently filed with the Florida Department of State:
	M.Weiner Insurance Assoc. Inc
SECOND:	The document number of the corporation (if known): 650593708
THIRD:	The date dissolution was authorized: 02/19/2010
	Effective date of dissolution if applicable: 03/01/2010 (no more than 90 days after dissolution file date)
FOURTH:	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 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
	Morton Weiner
	(voting group)
	Signature: (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)
	Morton Weiner
	(Typed or printed name of person signing)
	President
	(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:_M.Weiner Insurance Assoc. Inc 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: Any out standing bills that M.Weiner Insurance owes.If any Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Morton Weiner 2818 N 46 Ave K 585 Hollywood, Florida 33021 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. Morton Weiner Printed Name of the Person Filing