

P95000075595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

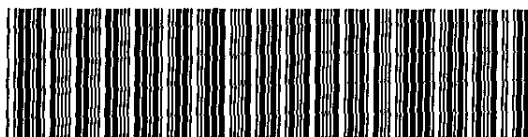
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dissolution

T BROWN FEB 12 2003

OSTRENGA HEALTH CLUB SERVICES, INC.

P. O. BOX 4701

PANAMA CITY, FL 32401-8701

(850) 872-6908

February 6, 2003

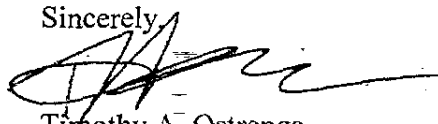
Division of Corporations  
Amendment Division  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern;

Enclosed please find Articles of Dissolution and a check for \$35.00 for Ostrenga Health Club Services, Inc. effective December 31, 2002.

If you have any questions, please contact me at the above address or call at (850) 872-6908.

Sincerely,

A handwritten signature in black ink, appearing to read 'Timothy A. Ostrenga', written over a horizontal line.

Timothy A. Ostrenga  
President

## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: OSTRENGA HEALTH CLUB  
SERVICES, INC.

SECOND: The filing date of the articles of incorporation was: 9/28/95

THIRD: (CHECK ONE)

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

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 6<sup>TH</sup> day of FEBRUARY, 2003.

Signature

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

TIMOTHY A. OSTRENGA

(Typed or printed name)

PRESIDENT

(Title)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA