

P9600000 6012

Requester's Name

MITCHELL J. OLIN, P.A.
8 SOUTHEAST 8TH STREET
FORT LAUDERDALE, FL 33316

Office Use Only

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

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

900003572689--3
-01/24/01--01038--006
*****35.00 *****35.00

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB - 8 PM 4:53

Dissolution
Examiner's Initials LFJ

2-9-2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 29, 2001

Mitchell J. Olin, P.A.
8 SE 8th Stret
Ft. Lauderdale, FL 33316

SUBJECT: EXPEERTEE'S OF FT. LAUDERDALE CORP.
Ref. Number: P96000006012

CHANGES
HAVE BEEN
MADE ON
DOCUMENTS &
INITIALS

Thank you
[Signature]

We have received your document for EXPEERTEE'S OF FT. LAUDERDALE CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If the dissolution was approved by the shareholders, a statement that the number cast for dissolution was sufficient for approval must be contained in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 901A00005224


RECEIVED
01 FEB -8 AM 9:15
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION
PURSUANT TO SECTION 607.1403
OF THE
FLORIDA GENERAL CORPORATION ACT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -8 PM 4:53

Pursuant to the provisions of Section 607.1403 of the Florida General Corporation Act, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. The name of the corporation is ~~EXPERTEE'S OF FT. LAUD.~~ ~~INC. CORP~~ 

2. The names and respective addresses of its officers are:
JAMES HENGY, who resides at 3750 N.E. 4th Ave, Ft. Laud., Florida 33334

3. The names and respective addresses of its directors are:
JAMES HENGY, who resides at 3750 N.E. 4th Ave, Ft. Laud., Florida 33334.

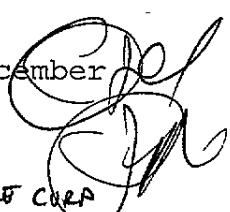
4. All debts, obligations and liabilities of the corporation have been paid or discharged or adequate provision has been made therefor.

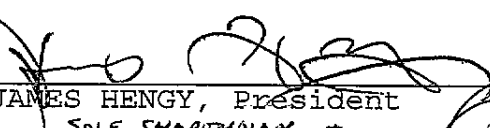

5. All remaining property and assets of the corporation have been distributed among the shareholders in accordance with their respective rights and interests.

6. There are no actions pending against the corporation in any court.

7. Dissolution of the corporation was authorized on December 15, 2000, ~~BY THE UNDERSIGNED CONSTITUTING THE ENTIRE BOARD, ALL OFFICERS AND SOLE SHAREHOLDERS.~~ 

DATED: December 15, 2000

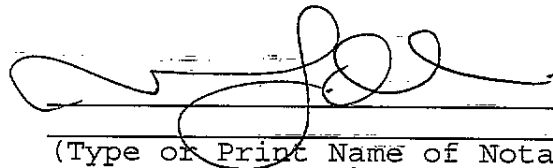
~~EXPERTEE'S OF FT. LAUD, INC.~~ 
BRADLEY CORP

By: 
JAMES HENGY, President
SOLE SHAREHOLDER &
DIRECTOR 

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared the following officers of EXPERTEE'S OF FT. LAUD, INC., a Florida corporation: JAMES HENGY, President, who is to me well known to be the persons described in and who subscribed the above articles of dissolution, or whom produced _____ as identification, and whom did freely and voluntarily acknowledge before me according to law that they made and subscribed the same for the uses and purposes therein mentioned and set forth.

My Commission Expires:



(Type or Print Name of Notary)
NOTARY PUBLIC-STATE OF FLORIDA
Commission No. _____
(SEAL)

NOTARY PUBLIC STATE OF FLORIDA
MITCHELL J. OLIN
COMMISSION # CC616701
EXPIRES 1-28-2001
BONDED THRU ASA 1-868-NOTARY1