P96000034604

(Requestor's Name) (Address) (Address)	300136196603
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	09/22/0801031010 **52.50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: VAE, INC.	
DOCUMENT NUMBER: P96000034604	***************************************
The enclosed Articles of Dissolution and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
VAE, INC.	
(Name of Contact Pers	son)
c/o Timothy C. Lincoln, Esq.	
(Firm/Company)	
46 N.E. 6th Street	<u> </u>
(Address)	
Miami, Florida 33132	•
(City/State and Zip C	Code)
For further information concerning this matter, please c	call:
Elda Miranda at (3	755-9295
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Sample Status Certificate of Status Certified (Additional enclosed)	al copy is Certified Copy
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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:
	VAE, INC.
SECOND:	The document number of the corporation (if known): P96000034604 The date dissolution was authorized: August 22, 2008
mind.	Effective date of dissolution if applicable: August 22, 2008 (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
	(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)
	Richard K. Inglis
	(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: VAE, 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:
The product or service that you claim you provided to VAE, Inc. The amount you claim
is owed. The current name and address of the person, entity, or company that
allegedly provided the product or service. The date that the product or service was allegedly
obtained by VAE, Inc. A copy of the contract through which the product or service was
obtained by VAE, Inc.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) VAE, Inc.
c/o Timothy C. Lincoln, Esq.
46 N.E. 6th Street
Miami, Florida 33132

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.

Richard K. Inglis, KRESIDENT

Printed Name of the Person Filing

Signature of the Person Filing