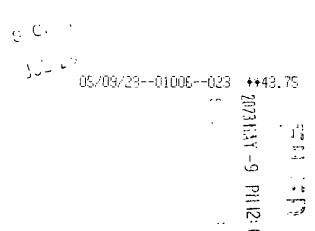


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COVER LETTER

TO: Amendment Section
Division of Corporation

Dissolution of Corporation

SUBJECT: Dissol	lution of Corporation
DOCUMENT NU	P96000046247 JMBER:
The enclosed Arti	cles of Dissolution and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
Tina Nardi	
	(Name of Contact Person)
Whertee, Inc.	
	(Firm/Company)
4446-1A Hendricks A	we, V101
	(Address)
Jacksonville, FL 3220	07
	(City/State and Zip Code)
For further informa	ation concerning this matter, please call:
Tina Nardi	at (at (
(Name c	of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a cheel	k for the following amount:
□ \$35 Filing Fee	S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: WHERTEC, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable:
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	PH 12: 08
5	(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)
	Edwin R. Stremlow (Typed or printed name of person signing)
	Treasurer
	(Title of person signing)

Filing Fee: \$35