

05/15/2012 05:16

#1258 P.001/002

FLORIDA DEPARTMENT OF STATE
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

DISSOLUTION OR WITHDRAWAL
ACTION INSURANCE, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 02 |
| Estimated Charge | \$35.00 |

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T. ROBERTS

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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:
ACTION INSURANCE, INC.

SECOND: The document number of the corporation (if known): P96000076163

THIRD: The date dissolution was authorized: 7/3/12

Effective date of dissolution if applicable: _____
(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)

FRANTZ ROCOURT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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