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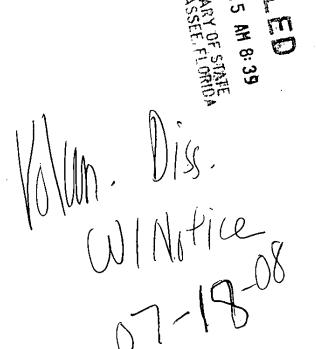
(Re	questor's Name)		
(Add	dress)		
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(City	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT:
DOCUMENT NUMBER: P 96000096069
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK Fowler
(Name of Contact Person)
(Firm/Company)
18890 SW44 St
Nunnellon, FC 34432
(City/State and Zip Code)
For further information concerning this matter, please call:
MARK W Fowler at (352) 489.7227 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \text{\$43.75 Filing Fee & \$\bigsquare \text{\$43.75 Filing Fee & \$\bigsquare \text{\$52.50 Filing Fee,} \\ Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Boy 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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

FIRST: The	e name of the corporation as currently filed with the Florida Departr	nent of State:
1	LIGH Point Clane Service I	NC.
SECOND: The	e document number of the corporation (if known): <u>P96000</u> 0	96069
THIRD: The	e file date of the articles of incorporation: NDV , AD , 199	6
FOURTH: (CI	HECK ATLEAST ONE BOX)	
	None of the corporation's shares have been issued.	8 8
•	The corporation has not commenced business.	
FIFTH: No	debt of the corporation remains unpaid.	SSS T
	net assets of the corporation remaining after winding up have been te shareholders, if shares were issued	distributed S. S. 3
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	,
	`,	
Signature	Mulika	
Signature.	(By a director, president or other officer - if directors or officers have not been selected, bein the hands of a receiver; trustee, or other court appointed fiduciary, by that fiduciary.)	y an incorporator - if
	Mark W. Fowler (Typed or printed name of person signing)	-
·.	Owner / president	_

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: High Point CRANE Service 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:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
18890 SW44 St Dunnellon, FC34432
DATO OF COLUMN TO STATE
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.
MARK FOWLES Printed Name of the Person Filing Signature of the Person Filing