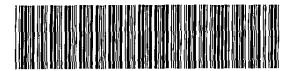


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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: Bunker Hill Insurance of Florida, Inc. **DOCUMENT NUMBER:** P97000023931 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sheldon I. Oster (Name of Contact Person) Bunker Hill Insurance Agency, Inc. (Firm/Company) 9821 Katy Freeway, Suite 850 (Address) Houston, Texas 77024 (City/State and Zip Code) For further information concerning this matter, please call: Marsha Hammons at (713) 935-7400 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □\$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:**

Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 28, 2005

SHELDON I OSTER 9821 KATY FREEWAY STE 850 HOUSTON, TX 77024

SUBJECT: BUNKER HILL INSURANCE OF FLORIDA, INC.

Ref. Number: P97000023931

We have received your document for BUNKER HILL INSURANCE OF FLORIDA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6927.

Tracy Smith **Document Specialist**

11-3-05

Letter Number: 505A00065307

Sorry, the date should have read October 1, 2005 Cornected document attached. 05 NOV -7 AH 8: 00

ARTICLES OF DISSOLUTION

-12/31/05

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 Departme	ent of St	ate:	
	Bunker Hill Insurance of Florida, Inc.	_		
SECOND:	The document number of the corporation (if known): P97000023931			_ _
THIRD:	The date dissolution was authorized:October 1, _2005			-
	Effective date of dissolution if applicable: December 31, 2005 (no more than 90 days after disso	lution file	date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	east for	dissol	lutior
	Dissolution was approved by of the shareholders through voting grou	ıps.		
	The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve:	up entiti	led	
	The number of votes cast for dissolution was sufficient for approval by	SECRET/ TALLAHA	05 NOV	<u> </u>
	(voting group) Signature: (By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)		-7 PM 4: 25	ILED
	Sheldon I. Oster (Typed or printed name of person signing)	_		
	President/Director (Title of reven 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: Bunker Hill Insurance of Florida, 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)
9821 Katy Freeway, Suite 850
Houston, Texas 77024
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
Sheldon I. Oster
Printed Name of the Person Filing Signature of the Person Filing