## P97000030110

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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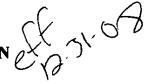
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ECNETARY OF STATE LLAHASSEE, FLORID

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: GIBRALTAR HOLDINGS INC.
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
H. JAMES LENTZ
(Name of Contact Person)
; —
(Firm/Company)
3522 SHORELINE CIRCLE (Address)
PALM HARBOR, FL. 34684
(City/State and Zip Code)
For further information concerning this matter, please call:
H. JAMES LENTZ at (727) 742-6813  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$\$43.75 Filing Fee & \$\bigs\\$\$43.75 Filing Fee & \$\bigs\\$\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  MAILING ADDRESS: Amendment Section Division of Corporations 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:			
	GIBEALTAR HOLDINGS INC.			
SECOND:	The document number of the corporation (if known): P97 0000 3	20110		
ΓHIRD: ‡	The date dissolution was authorized: DECEMBER 1, Zaos		_	
; ;	Effective date of dissolution if applicable: DECEMBER 31, 200 (no more than 90 days after dissolution	n file date)	_	
OURTH:	Adoption of Dissolution (CHECK ONE)			
÷	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	t for dissolut	ior	
	Dissolution was approved by the shareholders through voting groups.	<b>⊣</b> -		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	全部 四	_	
:	The number of votes cast for dissolution was sufficient for approval by	22 AM IO: 28 ARY OF STATE ASSEE, FLORID	ור ר	
:	(voting group)	: 28 ATE ORIDA		
:	Signature:  (By a director, passitent 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)			
	H. JAMES LENTZ (Typed or printed name of person signing)			
	DIRECTOR 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: GIBRALTAR HOLDINGS 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: F ADDRESS OF CLAMMANT Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00