

P97000034086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

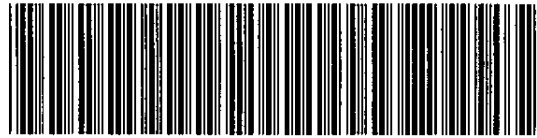
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000144724680

000144724680  
04/03/09--01015--010 \*\*35.00

FILED  
09 MAY -5 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VOIDS  
ALL  
5/8



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2009

TOM KAY REALTY  
7721 MANSFIELD HOLLOW ROAD  
DELRAY BEACH, FL 33446

04030901015010

Subject: **TOM KAY REALTY**  
RE: 509A00013700

We have received your document for the above Fictitious Name and your check(s) totaling \$35.00; however, the document **has not been filed** and is being returned for the following:

To notify this office that you are no longer transacting business under the above fictitious name registration, please complete Section 4 of the enclosed application. The fee to process the cancellation is \$50.00.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

RUSSELL L HUNT  
Reinstatement Section  
Division of Corporations

Letter No. 509A00013700

*No longer a working number*

*Can you help me in this matter.  
Items attached -*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: DISSOLUTION of CORPORATION

DOCUMENT NUMBER: 607169900417

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS KOJALES

(Name of Contact Person)

TOM KAY REALTY

(Firm/Company)

7721 MANSFIELD HOLLOW RD

(Address)

DELRAY BEACH FL - 33446

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS KOJALES

(Name of Contact Person)

at (561) 496-0777

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & 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  
Clifton Building  
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: THOMAS KOUJALES P.A.  
The name of the corporation as currently filed with the Florida Department of State:

SECOND: The document number of the corporation (if known): 807169900417

THIRD: The file date the articles of incorporation: 06/18/2007

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

RECEIVED

2007 MAY -5 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY -5 PM 3:39

FILED

Signature Thomas Koujales  
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.)

THOMAS KOUJALES  
(Typed or printed name of person signing)

PRESIDENT  
(Title of Person Signing)

Filing Fee: \$35