

P97000054046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

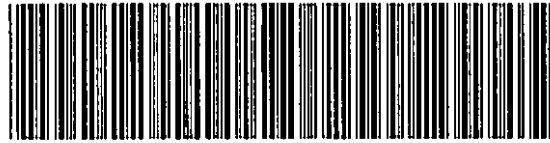
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800356203788

12/11/20--01014--022 ++35.00

FILED
2021 JUN 10 PM 2:12
TALBRITTON

Amr Diss
w/notice

JUN 23 2021

TALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aqua Dreams Travel, INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Bill Antar, CPA

(Name of Contact Person)

Cape Coral Tax &
Accounting Services, LLC
8100 Del Prado Blvd. Suite
Cape Coral, FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Antar, CPA

(Name of Contact Person)

at (239)-540-7500

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUN 14 PM 1:30

January 27, 2021

BILL ANRAR, CPA
CAPE CORAL TAX & ACCOUNTING
3306 DEL PRADO BLVD SOUTH
CAPE CORAL, FL 33904

SUBJECT: AQUA DREAMS TRAVEL, INC.
Ref. Number: P97000054046

We have received your document for AQUA DREAMS TRAVEL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only 1(one) box regarding the adoption of the dissolution.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 821A00001850

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

AQUA DREAMS TRAVEL, INC.

SECOND

The document number of the corporation:

P97000054046

THIRD

The file date of the articles of incorporation:

06/19/1997

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.

Signature: X Eugene R. Dold X 12/7/00
(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.)

X Eugene R. Dold
(Typed or printed name of person signing)

X President
(Title of Person Signing)

FILED
2021 JUN 10 PM 2:12
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

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. 607.1403, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:

GENE DOLD

Date of dissolution will be the date the dissolution is filed with the Department of State.

Description of information that must be included in a claim:

- Amount owed
- Copy of signed invoice or Bill or other proof of services solicited or performed
- Claimant name & Address
- Tax ID number

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2465 VERDMONT CT.
CAPE CORAL, FL 33991

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.

X Eugene R. Dold
Printed Name of the Person Filing

X [Signature]
Signature of the Person Filing