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400003745044--8

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HEALTH PALACE NUTRITION CTR.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

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G. COULLETTE FEB 21 2001

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 21, 2001

LAZARUS

TALLAHASSEE, FL

SUBJECT: HEALTH PALACE NUTRITION CENTER & CAFE CORP.
Ref. Number: P97000070113

We have received your document for HEALTH PALACE NUTRITION CENTER & CAFE CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 487-6903.

Cheryl Coulliette
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ARTICLES OF DISSOLUTION

PURSUANT TO SECTION 607.1403, FLORIDA STATUTES, THIS FLORIDA PROFIT CORPORATION SUBITS THE FOLLOWING ARTICLES OF DISSOLUTION:

FIRST: THE NAME OF THE CORPORATION IS: _____
_____ HEALTH PALACE NUTRITION CENTER & CAFE CORP.

SECOND: THE DATE DISSOLUTION WAS AUTHORIZED: 02/17/2001

THIRD: ADOPTION OF DISSOLUTION (CHECK ONE)

☒ DISSOLUTION WAS APPROVED BY THE SHAREHOLDERS. THE NUMBER OF VOTES CAST FOR DISSOLUTION WAS SUFFICIENT FOR APPROVAL.

* DISSOLUTION WAS APPROVED BY VOTE OF THE SHAREHOLDERS THROUGH VOTING GROUPS.


THE FOLLOWING STATEMENT MUST BE SEPRATELY PROVIDED FOR EACH VOTING GROUP ENTITLED TO VOTE SEPRATELY ON THE PLAN TO DISSOLVE:

THE NUMBER OF VOTES CAST FOR DISSOLUTION WAS SUFFICIENT FOR APPROVAL BY

(VOTING GROUP)

SIGNED THIS 19 DAY OF FEB 2001.

SIGNATURE


(BY THE CHAIRMAN OR VICE CHARIMAN OF THE BOARD, PRESIDENT, OR OTHEER OFFICER)

LIGIA Saldariaga DE ARVELO

(TYPED OR PRINTED NAME)

PRESIDENT

(TITLE)

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