

P97000087259

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6360

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

DISSOLUTION OR WITHDRAWAL
VITAL PHARMA, INC.

Certificate of Status	0
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Page Count	03
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RE-SUBMIT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Brown 11-15-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VITAL PHARMA, INC.

DOCUMENT NUMBER: P97000087259

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

Please return all correspondence concerning this matter to the following:

Gaye Greenwald

(Name of Contact Person)

Norris, McLaughlin & Marcus

(Firm/Company)

721 Route 202-206, Suite 200

(Address)

Bridgewater, NJ 0807

(City/State and Zip Code)

For further information concerning this matter, please call:

Gaye Greenwald

(Name of Contact Person)

at (908) 722-0700

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
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(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
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(Additional copy is
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|--|--|--|---|

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



November 14, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VITAL PHARMA, INC.
P.O. BOX 2216
SCHNECTADY, NY 12301-2216US

SUBJECT: VITAL PHARMA, INC.
REF: P97000087259

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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) 245-6925.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H11000269469
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RE-SUBMIT
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2011 NOV 14 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
VITAL PHARMA, INC.

SECOND: The document number of the corporation (if known): P97000087259

THIRD: The date dissolution was authorized: 10/09/1997

Effective date of dissolution if applicable:
(no more than 90 days after dissolution file date)

FOURTH: 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 the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(Typed name)

Signature: William Estep

(By a director, president or chief officer - If directors or officers have not been selected, by an incorporator - If in the hands of a secretary, trustee, or other court appointed fiduciary, by that fiduciary)

William Estep

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35