Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : AKERMAN, SENTERFITT OF JACKSONVILLE

Account Number : 105543000740. Phone : (904)798-3700 Fax Number : (904)354-4459

RECEIVED D4 APR 12 PM 12: 51 VISION OF CORPORATION

DISSOLUTION

99782, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | . 0 |
| Page Count | 01 |
| Estimated Charge · | \$35.00 |

| 2004 APR 12 PH 4: 2

SECRETARY OF STATE DIVISION OF CORPORATION

Electronic Filing Menu.

Corporate Filing,

Public Access Help

https://efile.sunbiz.org/scripts/efilcovr.exe

4/12/2004

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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 Department of State: | | | |
|---------|--|----------------|--|--|
| | 99782, Inc. | DIVIS 2001 | | |
| SECOND: | The document number of the corporation (if known): P98000008201 | 2004 APR 12 PM | | |
| THIRD: | The date dissolution was authorized: April 1, 2004 | 20 8 | | |
| | Effective date of dissolution if applicable: upon filing of Articles of Dissolution (no more than 90 days after dissolution file d | ate) | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | 29 | | |
| | Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval. | or dissolution | | |
| | Dissolution was approved by of the shareholders through voting groups. | | | |
| | The following statement must be separately provided for each voting group vote separately on the plan to dissolve: | entitled to | | |
| | The number of votes cast for dissolution was sufficient for approval by | | | |
| | N/A | | | |
| | (voting group) | | | |
| | Signed this 121 day of April 2004 | | | |
| | | | | |
| Signat | (By a director, president or other officer - lightrectors or officers have not been selected, by an incorp | lofator — | | |
| | if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | | | |
| | Ross K. Colquhoun | | | |
| | (Typed or printed name of person signing) | | | |
| | Yhone Nama | | | |
| | 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: 99782, Inc. | |
|---|---------|
| Date of dissolution will be the date the dissolution is filed with the Department of State or as pecified in the Articles of Dissolution. | |
| Description of information that must be included in a claim: | |
| Name of Claimant | |
| Alleged Amount Owed | |
| lame, Address and Telephone Number of Contact Person for Claimant | |
| ny documentation to support claim of amount owed | |
| | |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) | |
| Ross K. Colqunoun | , |
| 1449 Southpointe Ct. | |
| Melbourne, Florida 32940 | |
| | |
| | |

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.

Ross K. Colquhous Printed Name of the Person Filing

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