

P98000011687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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G & L RESTORATION, INC.

INSTRUCTIONS FOR FILING

ARTICLES OF DISSOLUTION AS OF SEPTEMBER 30, 2002

The original should be dated and signed by George N. Lekkas in the space provided on page one.

The form must be filed as soon as possible and mailed using **certified mail, return receipt requested** to:

Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclose a check for \$35.00 made payable to the Florida Department of State. A copy of the form is attached for your files.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THANEY & ASSOCIATES, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
P.O. BOX 32636
PALM BEACH GARDENS, FL 33420-2636
(561) 882-0111

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:

G & L Restoration, Inc.

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

THIRD: The date dissolution was authorized: September 30, 2003

Effective date of dissolution if applicable: September 30, 2003
(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 of 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 _____

(voting group)

Signed this _____ day of _____

Signature: x

(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)

George N. Lekkas

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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CLERK OF STATE
TALLAHASSEE, FLORIDA