198000033129

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u>. </u>
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION of Corp. DOCUMENT NUMBER: P98000033129
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Squatore J. Ryssano (Name of Contact Person)
Certified Home Inspectore of America Inc
10318 178th Cf So.
Goca Raton IC 33498 (City/State and Zip Code)
For further information concerning this matter, please call:
S. Currons at (561) 488-4433 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	ST: The name of the corporation as currently filed with the Florida Department of State:	
	Certified Home Inspectors of Ameri	ia Inc.
SECOND:	The document number of the corporation (if known): P9800003	
THIRD:	The date dissolution was authorized: 10/30/05	
	Effective date of dissolution if applicable: 10/30/05 (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 to was sufficient for approval.	for dissolution
	Dissolution was approved by of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ntitled
	The number of votes cast for dissolution was sufficient for approval by (voting group)	osi se
		KOV I
		O A
	Signature: Alarsono Plez.	AM 11: 45 Y OF STATE
	(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)	45 PATE ORIDA
	Salusfoke J. Luss ANU (Typed or printed name of person signing)	
	- Pfesident	
	(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: Certified Home Inspectors of america Inc
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
NONE
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
10318 178th CtSo. Buca Raton 76 33498
Buca Raton 76 33498
·
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.
Solvato re J. Russavo Mensono
Printed Name of the Person Filing

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