P98000046839

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2008 DEC 22 PH 3 24
SECRETARY OF STATE
TALLAHASSEE. FLORID.

DR 1/5/09

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: APPLICON TE	CHNOLOGIE	S, INC.
DOCUMENT NUMBER: P980	0004683	3
The enclosed Articles of Dissolution and f	ee are submitted for	filing.
Please return all correspondence concerning	g this matter to the fo	blowing:
H. JAMES LENTZ		
(Name of	Contact Person)	
	-	
(Firm	n/Company)	
3522 SHORELINE	CIRCLE	
(A	ddress)	
PALM HARBOR (City/Sta	FL. 346 te and Zip Code)	8 4-
For further information concerning this mat	tter, please call:	
H. JAMES LENTZ. (Name of Contact Person)	· · · · · · · · · · · · · · · · · · ·	742 -6813 le & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		TREET ADDRESS: Amendment Section Division of Corporations Clifton Building 661 Executive Center Circle

Tallahassee, FL 32301

	8011clC1		
	ARTICLES OF DISSOLUTION F//		
Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on: SECRETARY OF 13:24		
FIRST:	The name of the corporation as currently filed with the Florida Department of State: SEE, FLORIFE		
	APPLICON TECHNOLOGIES, INC.		
SECOND:	The document number of the corporation (if known): P9800046839		
THIRD:	D: The date dissolution was authorized: DECEMBER 1, 2008		
	Effective date of dissolution if applicable: DECEMBER 31, 2008 (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		
	Signature: (By a director, president of 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) (Typed or printed name of person signing)		
	DIRECTOR 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. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. the Person Filing

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