

PR8000047573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

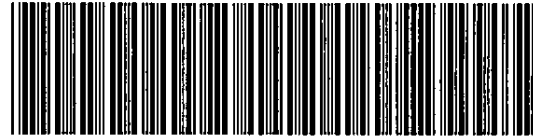
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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V/D

JUL 09 2014

R. WHITE

FILED  
14 JUN 23 PM 1:42  
TALLAHASSEE, FL 32304

**ELVIA CASTELLON**

303 SW 6<sup>TH</sup> STREET  
POMPANO BEACH, FL. 330060

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TELEPHONE: (954) 513-0136

05-18-14

Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Dissolution of PARADISE DINER, INC

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,

ELVIA CASTELLON

ARTICLES OF DISSOLUTION

FILED

14 JUNE-23 PM 1:48

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

TALLAHASSEE, FLORIDA

- FIRST: The name of the corporation is PARADISE DINER, INC  
Corporate number: P98000047573
- SECOND: The articles of incorporation were filed on 05-26-98.
- THIRD: The date dissolution was authorized was 04-30-14.
- FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- FIFTH: The corporation has no intention of revoking this voluntary dissolution and its name is available for immediate use by any other corporation.

Signed this 04-30-14.

FURTHER AFFIANT SAYETH NAUGHT.

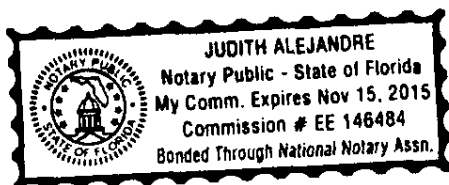
*Elvia Castellon*

AFFIANT/ELVIA CASTELLON, President/Chairman of the Board

The foregoing instrument was acknowledged before me this 12 day of June, 2014, by ELVIA CASTELLON, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]: **DRIVERS LICENSE OF Florida 6234-209-67-961-0**

Witness my hand and seal at said county and state this 12 day of June, 2014

My commission expires



*Judith Alejandre*  
Signature of Notary Public

Judith Alejandre  
Printed Name