NO. 2068 P. 1/2 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000127822 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

NO1:-- 1

Account Name Account Number : I19990000010

: BROAD AND CASSEL-WPB

Phone

: (561)832-3300

Fax Number

: (561)655-1109

DISSOLUTION

STAINSAFE INTERNATIONAL, INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$52.50

Electronic Filing Menu.

Corporate Riling

Rublic Access Help

5/19/2005

(((H05000127822 3)))

## 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 Florida Department of STAINSAFE INTERNATIONAL, INC.	State:		
SECOND:	The document number of the corporation (if known): P99000016571			
THIRD:	The date dissolution was authorized: MAY 1, 2005			
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution is	ille 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	OS MAY 20	7	
	(voting group)	20 488 88F	F	
	Signed this			
	Signature:  (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	AMIO: 47 OF STATE E. FLORID:	C	
	that fiduciary)			
	STEVEN D. FRIEDMAN (Typed or printed name of posson signing)			
	SECRETARY			
	(Title of person signing)			

Filing Fee: \$35