199000033680

(Req	uestor's Name))
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
`		

Office Use Only



600156055656

05/21/09--01009--022 **35.00



SECRETARY OF STATE
DIVISION OF CORPORATIONS

R ROSSIS JUN 08.2009



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2009

NOLAN G. WILSON WILSON MOTOR SPORTS, INC 3280 OHIO AVE SANFORD, FL 32773

SUBJECT: WILSON MOTORSPORTS, INC.

Ref. Number: P99000033680

We have received your document for WILSON MOTORSPORTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please indicate the month, date and year for the file date of the articles.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 509A00017979

U D

District of Commentions D.O. DOV (2007, Mallal

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: P 90000 3 3 6 8 0
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nolan G Wilson (Name of Contact Person)
Wilson Motor sports, Linc (Firm/Company)
(Firm/Company)
3280 Ohio Ave
3280 Ohio A Ve (Address) San Ford $7/3 \ge 773$ (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Nolan G Wilson at (407) (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, \$\Bigcup \\$Certificate of Status & \$\Bigcup \\$Certified Copy & \$\B
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Division of Corporations Amendment Section Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION



Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following 9: 11 articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Wilson Motorsports, Inc
SECOND:	The document number of the corporation (if known): P 90000 33650
THIRD:	The file date of the articles of incorporation: April 9 1999
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: (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.)
.*	(Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35